

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.

FILED EFFECTIVE

2013 NOV 22 PM 4: 30

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(exbusiness under the assumed business name Name NJOY LLC (WILO702)	s) of the entity or individual(s) doing me: <u>Complete Address</u> 1289 W. Madison Ave., Glenns Ferry, ID 83623
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Douglas Jones PO Box 68 Glenns Ferry, ID 83623 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
gnature: inted Name: Douglas Jones Managing Mambar	Secretary of State use only
pacity/Title: Managing Member gnature: inted Name:	IDAHO SECRETARY OF STATE 11/25/2013 05:00 CK: 1887 CT: 289238 BH: 1399233 1 8 25.08 = 25.08 ASSUM NAME # 3