

## **CERTIFICATE OF**

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idaho Code, Idaho Code

STATE OF WARD

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undouble business is:  Jim's I	dersigned use(s) in the transaction of
The true name(s) and business address(es business under the assumed business nam Name     James E. Comack	•
3. The general type of business transacted un	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  James Comack  999 Cherry Creek Rd.  St. Maries, ID 83861	Submit Certificate of Assumed Business Name and \$25.00 fee to:
<ol><li>Name and address for this acknowledgme copy is (if other than # 4 above).</li></ol>	ent Phone number (optional):  208-245-8702
	Secretary of State use only
gnature:  (signature required)  James E. Comack  apacity/Title:  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/06/2004 05:00  CK: A CT: 158818 BH: 788884  1 P 25.88 = 25.89 ASSUM NAME