



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SJ Bookkeeping

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Susan D. Jeffords

260 Mission Dr. Eagle, ID 83616

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-939-0911
371-3393 cell#

260 Mission Dr. Eagle, ID 83616

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

02/05/1999 09:00
CK: 2353 CT: 110600 IN: 105258

1 @ 20.00 = 20.00 ASSUM NAME # 2

022846

Signature: Susan D. Jeffords

Printed Name: Susan D. Jeffords

Capacity: owner/operator

(see instruction # 8 on back of form)

Revision 1/98

g:\corpforms\slabn.p65