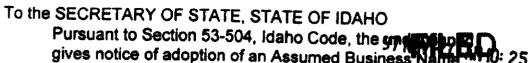
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





1	gives notice of adoption of an Assumed The assumed business name which the urbusiness is:	SECRE ndersign ed	se(s) (0 that tensaction of	
	wells Enterpr	1563		
2	. The true name(s) and business address(es business under the assumed business name	s) of the entit ne is/are:	y or individual(s) doing	
<u> </u>	Name Ja son E. Wells	620 W 20	mplete Address	
	Edna Mwells	भ्य का करा भ	is Ave. Foul Id 83347	
3.	The general type of business transacted un	der the assu	ımed business name is:	
	Retail Trade Manufacturing Modesale Trade Agriculture Construction	Fin	ansportation and Public Utilites ance, Insurance, and Real Estat ning	
4.	The name and address to which future correspondence should be addressed:			
	Jason E. Wells wao w. Daris Au	3 Paul 24 8 334	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (###################################		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		•	Secretary of State unit Only	
Signatu	re: facon b. h. Mil	Revision 2/8)	11/07/1997 09:00 CK: 2231 CT: 1717 BH: 53667	
	Name Joseph F. Walls	2	1 0 20.00 = 20.00 ASSUM NAME	
_	ty: Owner a operator		D9556	
	(see instruction # 8 on back of form)		-	