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

30	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	o Code,	the u	ındersigne ess Name	34 4 5 P 4 1 83	2 5
1.	The assumed business name which the und business is:	lersigne				#t= -
2.	The true name(s) and business address(es) business under the assumed business nam	of the e e is/are:		or individu		
	Name CAFNE OHEE	1275			Parma ID 836	60
					PORMA ID 83	
3.	The general type of business transacted un (mark only those that apply)	der the	assur	ned busin	ess name is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction			ance, Insu	n and Public Utiliti rance, and Real E	
4.	The name and address to which future Pl correspondence should be addressed:	none nu	mber	(optional): _		_
	6 J SERVICES 1375 LOCKER Rd		i	Assumed	ertificate of Business d \$20.00 fee to:	
	PARMA ID 83660				Jefferson	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t		Basemen PO Box 8 Boise ID 8 208 334-2	3720 33720-0080	
		®	,	Secretary	of State use only	

Signature: Printed Name: Capacity: Partners (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE @5/15/2003 @5 # 00 CK: NO CK # CT: 158010 BH: 680786 1 # 25.00 = 25.00 ASSUM NAME # 2