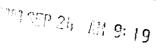
Sep-18-FILED EFFECTIVE Page 1/2

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. NOTE: See Instructions on reverse before filing.

1.	The assumed business name which the undersign business is:	ed use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Bob A- Jackson	entity or individual(s) doing Complete Address 5/23 A viation Way Caldwell, Flaho 83605
3.	The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: Bob A. Jackson 9055 W. Barnes Boise Fl 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above);	Phone number (optional):
	555	Secretary of State use only

Signature:__ Printed Name: Capacity/Title: WNE (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

99/24/2003 05:00

CK: 1211 CT: 173166 BH: 703257
1 0 25.00 = 25.00 ASSUM NAME # 3