CERTIFICATE OF ACCUMENT	
CERTIFICATE OF ASSUMED (Please type or print legibly. See ins	D BUSINESS NAME
To the SECRETARY OF STATE GRATE.	
Surguant to Section 53-504, Idaho (Code, the undersigned
1. Træassumed business name which the businessus:	med Business Nammay - I AM 8: 43
businesaus:	The state of the
Surguant to Section 53-504, Idaho of a Section 53-504, Idaho of a Section of an Assured business name which the businessus:	ERS
2. The true name(s) and business addrage	(es) of the entity or individually
	name is/are:
JEFF BRUAUŁ	2521 F. 3700 N To Call The
JUAN MARIN	Was the state of t
	1404 WAShington S., Twin Falls, I
3. The general type of husiness transports to	
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturii	ng [] Transit u
Wholesale Trade Agriculture	Finance Insurance and Public Utilities
Construction	Mining Mining
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-734-9752
J+J SORINKLEDS	
2521 E 3700 N	Submit Certificate of
0	Assumed Business Name and \$20.00 fee to:
Iwin falls, Id. 83301	Secretary of State
5. Name and address for this acknowledgmen	700 West Jefferson Basement West
copy is (if other than # 4 above): D. L. EVANO Rank	PO Box 83720
P.O. Box 87	Boise ID 83720-0080 208 334-2301
TWIN Falls T1 82212	Secretary of State use only
	15a
Signature: Juff Buyant	42/45/5661 49:00
Printed Name: Jeff Bryant	CX: NO CX # CT: 84638 BH: 394545
Capacity: PARTNER	5. 1 F 20.88 = 28.86 ASSUM MANE # 2
(see instruction # 8 on back of form)	1420.80 = 20.06 ASSUM MANE # 2
	- V 1 1