



# 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.**

**FILED EFFECTIVE**  
01 AUG 20 AM 9:26  
STATE OF IDAHO

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

JS Associates

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

Name

Complete Address

Kathryn A. Simplot

1021 E. Washington Boise, ID 83712

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

JS Associates

1021 E. Washington

Boise, ID 83712

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

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

Phone number (optional):

208 331-5021

Signature: Kathryn A. Simplot

Printed Name: Kathryn A. Simplot

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corplforms\abn forms\abn.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
08/20/2001 05:00  
CK: 1802 CT: 158247 BH: 414454  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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