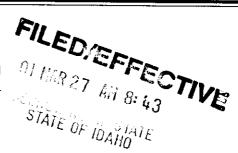


CERTIFICATE OF ASSUMED BUSINESS NAME

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 beto	re tiling.
 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
JACOB ENTERPRISES	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Benjamin A.LAwrence	
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Jacob Enterprises 2219 E. Locust Caldwell Id. 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	nt Phone number (optional): 208-459-6290
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: <u>Sansmine Caurence</u>	G3/28/2001 09:00 CK: 1350 CT: 144233 BH: 387553
Printed Name: BENJAMIN A LAURENCE	O3/28/2001 09:00 CK: 1350 CT: 144233 BH: 387553 1 2 28.88 = 20.80 ASSUM NAME # 2
Capacity: own go	543932

(see instruction #8 on back of form)