

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

01 JUN-8 AM 9: 19

STATE OF IDAHO

## Please type or print legibly. NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the under business is:</li> </ol>	ersigned use(s) in the transaction of
Januar Marketing S	ervice
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Tunna Wolfley	
<del></del>	FYRCION III XISAG.S
3. The general type of business transacted und	er the assumed business name is:
Retail Trade	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  Phone number (optional):
Signature: Juna Wolfley  Printed Name: Juna Wolfley	Secretary of State use only IDAHO SECRETARY OF STATE  96/98/2001 09:00  CK: 4892 CT: 147375 MH: 401609  1 0 20.00 = 20.00 ASSUM NAME 1 2
(see instruction # 8 on back of form)	B 545894