

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.

10 SEP 15 AM 8: 30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

<i>,</i>	Jim's Etc.
The true name(s) and business address business under the assumed business r Name Jim and Aiko Shikashio Trust	
3. The general type of business transacted Transporta	d under the assumed business name is:
 Wholesale Trade ☐ Constructi Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Aiko S. Shikashio PO Box 908	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Blackfoot, ID 832215. Name and address for this acknowledge copy is (if other than # 4 above).	
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gnature: <u>All Sulfakes</u>	IDAKO SECRETARY OF STATE 9/15/2010 05:00 CK: 4379 CT: 232466 BH: 1238987 1 9 25.00 = 25.00 ASSUM NAME #
inted Name: Aiko Shikashio apacity/Title: Owner	IDAHO SECRETARY OF STATE 109/15/2010 05=00 128/2010 05=00 188/2010 05=00 188/2010 05=00 188/2010 05=00 188/2010 05=00 188/2010 05=00