	CERTIFICATE OF ASSU (Please type or print legibly.	JMED E See instru	BUSINESS NAME (ctions on reverse.)
	To the SECRETARY OF STATE, ST. Pursuant to Section 53-504, lo	iaho Code,	the undersigned
1.	gives notice of adoption of an . The assumed business name which the to business is:		
	JAN-AUL INVES	TIGAT	10NS
2.	The true name(s) and business address(business under the assumed business names and the same assumed business names and the same assumed business assumed business and the same assumed business are assumed business and the same assumed business are assumed business as a same	es) of the eame is/are:	entity or individual(s) doing
	<u>Name</u>		Complete Address
DONNA		1820 5T. M	WASHINGTON AVE ARIES IDAHO 8 3861
	JOSEPH AULL		
3.	The general type of business transacted (mark only those that apply)	under the	assumed business name is:
	☐ Retail Trade ☐ Manufactur ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:		mber (optional):
	1820 WASHINGTON AVE		Submit Certificate of
	ST. MARIES IDAINO		Assumed Business Name and \$20.00 fee to:
	8386/		Secretary of State
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	nent ·	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only IDAHO SECRETARY OF STATE
		1/98 1/98	05/25/2000 09:00 CK: 3416095612 CT: 131568 BH: 321054

1 9 20,00 = 20.00 ASSUM NAME # 2

D 36104

Signature:

Printed Name: D.T. JANSSEN

Capacity: OWNER

(see instruction # 8 on back of form)