CERTIFICATE OF ASSUMED BUSINESS NAME ED (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Native. OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of	
1. The assumed business name which the ubusiness is:	indersigned use(s) in the transaction of
The true name(s) and business address(e business under the assumed business name.	es) of the entity or individual(s) doing ame is/are: Complete Address
<u>Name</u>	<u>Gompioto Address</u>
Jake J Shea	1865 Interlather wy Meridian
	IL 83642
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate Mining
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 850-8799
Jake J Shea 1865 Interlachen wy	Submit Certificate of Assumed Business Name and \$20.00 fee to:
meridian, Id 83642	Secretary of State 700 West Jefferson
Name and address for this acknowledgm copy is (if other than # 4 above):	ent Basement West PO Box 83720
Jake J Shea	Boise ID 83720-0080 208 334-2301
1018 N. 15th	Secretary of State use only
Boise, Id 83702	IDAHO SECRETARY OF STATE
Signature: Jake & Mea	67/31/1998 69:00 CK: 1105 CT: 102200 BM: 132818
Printed Name: JAKE J Shea	1 9 20.00 = 20.00 ASSUM NAME
Capacity: Owner	\$\n\131
(see instruction # 8 on back of form)	