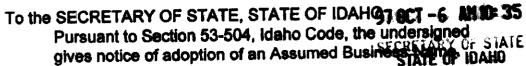
Capacity:___

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





| business is: | undersigned use(s) in the transaction of |
|---|--|
| J.D. MARRS HONES | |
| The true name(s) and business address business under the assumed business r Name DON F. HARRS | Complete Address 4011 DELMONTE DRIVE, 8015E, IDANO 83704 |
| JANE L. MARRS | 4011 DELMONTE DRIVE, BOISE, IDAHO 83704 |
| The general type of business transacted (mark only those that apply) Retail Trade Manufactu | D A MANUAL OR A MA |
| ☐ Wholesale Trade ☐ Agriculture | |
| The name and address to which future | Phone number (optional): |
| | Phone number (optional): |
| The name and address to which future | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson |