

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



| | Complete Address | |
|---|---|--|
| JEREMY L. JENKINS | 554 SHANNON LANE | |
| SHELLEY A. JENKINS | PRIEST RIVER, IDAHO 83856 | |
| The general type of business transacted | l under the assumed business name is: | |
| ☐ Retail Trade ☐ Transporta ☐ Wholesale Trade ☐ Constructi ☐ Services ☐ Agriculture | | |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Est | Assumed Business | |
| The name and address to which future correspondence should be addressed: | Secretary of State 700 West Jefferson Basement West | |
| PEREMY L. JENKINS P.O. BOX 1169 PRIEST RIVER ID. 83856 | PO Box 83720 Boise ID 83720-0080 208 334-2301 | |
| Name and address for this acknowledge | gment Phone number (optional): | |
| | 9,114111 | |

Printed Name: JEREMY LIJENKINS Capacity/Title: OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

#5/#1/2007 #5:00

CK: 1057 CT: 158010 BH: 1050762

1 0 25.00 = 25.00 ASSUM NAME # 2

