

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED FECTOR

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.

(see instruction # 8 on back of form)

STATE OF IDAHO

J & A Enterprises	
2. The true name(s) and business address(es business under the assumed business nam Name  James L. Boyd  Amiletta Boyd	s) of the entity or individual(s) doing ne:  Complete Address  P. O. Box 8105, Boise, ID 83707  P. O. Box 8105, Boise, ID 83707
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining XX Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Mr. James L. Boyd P. O. Box 8105 Boise, ID 83707  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
gnature: James L. Boyd  apacity/Title: Partner	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  94/17/2003 05:00  CK: 7955 CT: 158010 BH: 675223  1 8 25.00 = 25.00 ASSUM NAME #