## CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

CERTIFICATE OF	ME ersigned
ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Busines Please type or print legibly. NOTE: See instructions on reverse before filing	s Name.
The assumed business name which the undersigned use(s) in the transaction of business is:      THE MEDICINE SHOPPE #517	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  J&S, ENTERPRISES, INC.  50  C.137017	ne entity or individual(s) doing  Complete Address  SOUTH 2ND WEST, REXBURG, ID 83440
3. The general type of business transacted under  Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  J & S, ENTERPRISES, INC.  50 SOUTH 2ND WEST REXBURG, ID 83440  5. Name and address for this acknowledgment copy is (if other than # 4 above):	1.1
ZIONS FIRST NATIONAL BANK  P.O. BOX 54  RIGBY, ID 83442  Signature: (signature required)  Printed Name: JAMES R STEVENSON  PRESIDENT	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  11/25/2002 05:00  CK: 106536984 CT: 112936 BH: 647889

CK: 186536984 CT: 112936 BH: 647889 1 8 20.80 = 20.00 ASSUM NAME # 2

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