



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2011 APR 12 PM 1:38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction is:
business is:

JENCO Services

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name:

Name

Complete Address

Catrina Jenks

245 Brookwater Ln.

P.O. Box 2051

Orofino, ID 83544

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future
correspondence should be addressed:

JENCO Services

PO BOX 2051

Orofino ID 83544

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

5. Name and address for this acknowledgment
copy is (if other than # 4 above):

Phone number (optional):

Signature

Catrina Jenks
(signature required)

Printed Name

Catrina Jenks

Capacity/Title:

owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/12/2011 05:00
CK: NO CK # CT: 2576% BH: 1268882
1 @ 25.00 = 25.00 ASSUM NAME # 2

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