

## **CERTIFICATE OF**

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

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

	3
<ol> <li>The assumed business name which the ι business is:</li> </ol>	undersigned use(s) in the transaction of
Capital Ma	anagement Group
2. The true name(s) and business address(e business under the assumed business na Name  Jerry Dickerson LLC  W 27443	es) of the entity or individual(s) doing ame: Complete Address 63 W. Willowbrook Dr. Meridian, ID 83642
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Jerry Dickerson  63 W. Willowbrook Dr.  Meridian, iD 83642	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
<ol> <li>Name and address for this acknowledgmer copy is (if other than # 4 above):</li> </ol>	nt Phone number (optional):
	Secretary of State use only
Signature:  Signature:  Signature required)  Jerry Dickerson  Capacity/Title:  Owner	1DAHO SECRETARY OF STATE 12/27/2004 05:00  CK: 2235 CT: 158819 RH. 79 1509
(see instruction # 8 on back of form)	CK: 2235 CT: 158010 BH: 783590 1 @ 25.00 = 25.00 ASSUM NAME #