

Capacity/Title:

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

See instructions on reverse before \$12.25

NOTE: See instructions on reverse before filing.

| JTS Ventures | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| The true name(s) and business address(es business under the assumed business nam Name Jandi Swainston | s) of the entity or individual(s) doing ne: Complete Address PO Box 155 Richfield, ID 83349 |
| James Todd Swainston | PO Box 155 Richfield, ID 83349 |
| The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction | nder the assumed business name is: |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Jandi Swainston dba JTS Ventures PO Box 155 Richfield, ID 83349 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgme copy is (if other than # 4 above). | Phone number (optional): 208-487-2896 |
| | Secretary of State use only |
| nature: Sulusting (signature required) ted Name: Jandi Swainston | mstabn formstabn p65 evised 04/2003 |

IDAHO SECRETARY OF STATE

96/29/2006 95:00

CK: 1272 CT: 172099 BH: 960889

1 8 25.00 = 25.00 ASSUM NAME # 2