

CERTIFICATE OF ASSUMED BUSINESS NAME

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

00 JAN 31 PH 12: 51

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECTION OF STATE
STATE

NOTE: See instructions on reverse i	Defore filing.
 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
JCM Dryway	
The true name(s) and business address business under the assumed business	name:
Name	Complete Address
Mitz Medska-	4002 Clenn St. Boise, Id 83705 4002 Clenn St. Boise Id 83705
3. The general type of business transacted	d under the assumed business name is:
Wholesale Trade 💹 Constructi	
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Est	Assumed Business
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Boise TH 83705	(208) 334-2301
 Name and address for this acknowledged copy is (if other than # 4 above). 	gment
	Secretary of State use only
Signature: Source (signature required)	- IDAHO SECRETARY OF STATE - IDAHO SECRETARY OF STATE - IDAHO SECRETARY OF STATE - CK: CASH CT: 158010 BH: 1097437 1 8 25.80 = 25.00 ASSIM NAME TO
Printed Name: Lacry Brown	- LEGG IDAHO SECRETARY OF STATE - LANGE OF STATE
Capacity/Title: Ochock	CK: CASH CT: 158010 BH: 1097437
(see instruction # 8 on back of form)	HADE # 2

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