

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly.

<sup>7</sup> 89 <b>5</b>	OCT	18	All	8:	39
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SECRETARY OF PARTY

NOTE: See instructions on reverse before	filling.		
The assumed business name which the under business is:	-		
2. The true name(s) and business address(es) of business under the assumed business name:  Name  James T. Jacobsen  A	ne: Complete Address		
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    James Jacobsen   Jacobsen	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): 208_466 5320		
	Secretary of State use only		
Signature: (spineture required)  Printed Name: James J. JAcobse  Capacity/Title: OWNE (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE  10/18/2005 05:00  CK: 2035 CT: 158010 BH: 917456		

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