CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO	
Pursuant to Section 53-504, Id	laho Code, the undersigned 0 AM IO: 12 Assumed Business Name.
The assumed business name which the unit of the u	undersigned use(s) in the transaction of
business is:	in a second seco
Themer copy	
· <i>y</i>	tank af the antity or individual(s) doing
The true name(s) and business address(state of the business under the assumed business named)	es) or the entity of individual(s) dome
	Complete Address
Name	<u></u>
March Caretain	819 Heartland a.
Marilynn Jacobson	nama Adaho 83686
	Tlampa, Fland 8200G
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
☐ Retail Trade ☐ Manufacture ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate on Mining
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 208-465-6358
gremer Copy	Submit Certificate of
Old Hanthan CV	Assumed Business
819 Dearliand Co.	Name and \$20.00 fee to:
819 Heartland CX. 7 Carryen, Alaho 83686	Secretary of State
•	700 West Jenerson
5. Name and address for this acknowledgr	PO Box 83720
copy is (if other than # 4 above):	Boise ID 63720-0000
NA	208 334-2301
	Secretary of State use only 100HO SECRETARY OF STATE
	- 02/10/2000 09:00 EX: 84178866554 CT: 126524 BH: 28989

1 % 28.66 = 26.66 ASSUM MAME # 2

D 32960

Signature: Marilym Jacobson

Printed Name: MARILYN: JACOBSON

Capacity: President

(see instruction # 8 on back of form)