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.

NOTE: See instructions on reverse before filing.

Owner

(see instruction # 8 on back of form)

Capacity/Title:_

SL Jones	s Consulting
The true name(s) and business address(es business under the assumed business name	
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Stephen L Jones 1477 Delphic Ct. Pocatello, ID 83201	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 acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-238-0076
	Secretary of State use only
nature: Stephen L. Jones	Secretary of State

IDAHO SECRETARY OF STATE 10/03/2005 05:00 CK: 3986 CT: 158010 BH: 914686 10 25.00 = 25.00 ASSUM MANE # 2

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