27	
CERTIFICATE (	OF EUED FRANK
ASSUMED BUSINES	SS NAME FILED EFFECTIVE
Pursuant to Section 53-504, Idaho Cod	
submits for filing a certificate of Assume Please type or print legibly	
Please type or print legibly. Instructions are included on back of application. STATE OF IDAHO	
<ol> <li>The assumed business name which the business is:</li> </ol>	undersigned use(s) in the transaction of
Jur	nk On Wheels
<ol><li>The true name(s) and <u>business</u> address business under the assumed business</li></ol>	
Name	Complete Address
Stephanie Oliver	517 S Silver Bow Ave
	Eagle ID 83616
<ul> <li>Retail Trade</li> <li>Transporta</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Est</li> <li>The name and address to which future correspondence should be addressed:</li> <li>Stephanie Oliver</li> <li>517 S Silver Bow Ave</li> <li>Eagle ID 83616</li> <li>Name and address for this acknowledg COPy is (if other than #4 above):</li> </ul>	Submit Certificate of         Assumed Business         Name and \$25.00 fee to:         Secretary of State         450 North 4th Street         PO Box 83720         Boise ID 83720-0080         208 334-2301
Signature: <u>Stephanic Qui</u> Printed Name: <u>Stephanic Oliver</u> Capacity/Title: <u>Owner</u> Signature:	Secretary of State use only
Printed Name: Capacity/Title:	
	D150005