



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.

FILED/EFFECTIVE
2002 DEC 31 AM 8:24

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

J2 Realtor Assistant Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Jennien S. DeWitt</u>	<u>7434 W. Devonwood Dr, Boise, ID 83714</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Jennien S. DeWitt
7434 W. Devonwood Drive
Boise, Idaho 83714

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Signature: Jennien S. DeWitt
(signature required)

Printed Name: Jennien S. DeWitt

Capacity/Title: Owner
(see instruction # 8 on back of form)

g:\comp\forms\abn_forms\abn.p65
Revised 07/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
12/31/2002 05:00
CK: 1570 CT: 158010 DN: 653987
1 @ 20.00 = 20.00 ASSUM NAME # 2

D61047