

Capacity/Title: OWNEF

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Clark Fork cy The true name(s) and business address(s		
business under the assumed business na Name  Benjamin SKy Jones	me: Complete Address	
The general type of business transacted under the Retail Trade Transportation  Wholesale Trade Construction	on and Public Utilities	<b>3:</b>
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to Idaho Secretary of State 450 N 4th Street	»
Benjamin 5 Jones P.O. Box 182 clark Fork id. 83811	PO Box 83720 Bolse ID 83720-0080 (208) 334-2301	
. Name and address for this acknowledgm copy is (# other than # 4 above):	ient	
	Secretary of State use	only

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