

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.
See instructions on reverse before filing.

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STATAR	OF STATE
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NOTE: See instructions on reverse before filing	g. VAHOATE
The assumed business name which the undersign business is:	
D&G Distribut	ING
2. The true name(s) and business address(es) of the business under the assumed business name: Name David L- Jones 335 Gloria A. Jones 335	entity or individual(s) doing
3. The general type of business transacted under the	assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: David on Gloria Jones 335 H- 5+ Idaho Falls, Id. 83402	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
signature: David J. James	
rinted Name: David L. Jones	IDAHO SECRETARY OF STATE
apacity/Title: <u>Co - Owner</u>	05/27/2008 05:00 CK: 6478 CT: 158010 BH: 1116679
(see instruction # 8 on back of form)	1 6 52-88 = 52-88 HPRU #HUF #