

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.

(see instruction # 8 on back of form)

1. The assumed business name which the und business is:	dersigne	ed use(s) in the transaction of UF STATE
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name JARED L. SHAW	e: <u>†310</u>	entity or individual(s) doing Complete Address CORMORIANT LIVE - 1201 SE ID. 83713
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1310 CORMORANT LN # 20 3015€ 1D 83713	and Pul	
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	it	Phone number (optional):
Signature: Signature required) Printed Name: JARED SHAW Capacity/Title: OWNER	corp toms labri forms labri p65 Revised 04/2003	IDAHO SECRETARY OF STATE OB/13/2003 05=00 CK: CASH CT: 158010 BH: 696228 1 @ 25.00 = 25.00 ASSUM NAME # 2