

NOTE: See instructions on reverse before filing.

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly. NOTE: See instructions on reverse before 1. The assumed business name which the undousiness is:	e undersigned isiness Name.
2. The true name(s) and <u>business</u> address(es) business under the assumed business name: Name Name	of the entity or individual(s) doing Complete Address 910 Criason Dr. EDANO Faces ED 8340/
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: JACO DIO CRIMSON DR.	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 535-3781
Signature: Printed Name: JARES 1. Doo LEY Capacity: OWNER (see instruction #8 on back of form)	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE 12/02/2002 05:00 CK: 1827 CT: 158810 BH: 648718 1 8 28.88 = 28.88 ASSUM NAME # 2