# 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.**
**Instructions are included on back of application.**

**FILED EFFECTIVE**

11 MAY 10 AM 10:32

SECRETARY OF STATE
STATE OF IDAHO

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

   JUNK FOOD EATER'S ANONYMOUS

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 |
|---|---|
| ALSTON JONES | 6200 N. RIVER POINTE DR. APT. C-101 BOISE, IDAHO 83714 |

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

   - [ ] Retail Trade
   - [ ] Wholesale Trade
   - [x] Services
   - [ ] Manufacturing
   - [ ] Finance, Insurance, and Real Estate
   - [ ] Transportation and Public Utilities
   - [ ] Construction
   - [ ] Agriculture
   - [ ] Mining

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

   ALSTON JONES
   6200 N. RIVER POINTE DR. #C-101
   BOISE, IDAHO 83714

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

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Alston Jones
Printed Name: ALSTON JONES
Capacity/Title: OWNER
Signature: Alston Jones
Printed Name: ALSTON JONES
Capacity/Title:

**Secretary of State use only**

IDAHO SECRETARY OF STATE
05/10/2011 05:00
CK: 674276 CT: 172099 BH: 1273043
1 @ 25.00 = 25.00 ASSUM NAME # 2

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