CERTIFICATE OF	Ξ	FILED EFFE	CTIVE
Pursuant to Section 53-504, Idaho Code,	ASSUMED BUSINESS NAME ursuant to Section 53-504, Idaho Code, the undersigned ubmits for filing a certificate of Assumed Business Name.		18 AM 8:4
Please type or print legibly. NOTE: See instructions on reverse before filing.		SECRETARY OF STA STATE OF IDAHO	
1. The assumed business name which the up business is:	• • • •		
	· CJB Wel	ding	
2. The true name(s) and business address(e business under the assumed business name Name	me: Comple	lividual(s) doing te Address	2.74
		8333	
3. The general type of business transacted u	nder the assumed b	usiness name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>Jocki Bridwell</u> <u>Leoo EAST Ave.C</u> <u>Jecome</u> , <u>Tal 83338</u> 5. Name and address for this acknowledge	Submi Assum Name Idaho S 450 N 4 PO Box Boise II (208) 3	t Certificate of aed Business and \$25.00 fee to: Secretary of State Wh Street (83720 D 83720-0080 34-2301	
COPY IS (if other than # 4 above).		Та 21 ст. с.	
Signature: Joni Bridwell Printed Name: Joni Bridwell		Secretary of State use only	
Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	g tooppan Rev	IMHO SECRETA 06/18/200 LK: 2497 CT: 1580 1 0 25.00 = 25.0	9 05:00 10 BH: 117536
		D1315	- <i>2</i>