CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO **FILED**
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name 99 APR -8 AM 9: 17

STATE OF IDAHO

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

   ROCKIN J REPAIR

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
MICHAEL JASSO	65 HORSESHOE CIRCLE JEROME, ID 83338
PAULA JASSO	65 HORSESHOE CIRCLE JEROME, ID 83338

3. The general type of business transacted under the assumed business name is:
   (mark only those that apply)

   ☐ Retail Trade   ☐ Manufacturing   ☐ Transportation and Public Utilities
   ☐ Wholesale Trade ☐ Agriculture   ☐ Finance, Insurance, and Real Estate
   ☒ Services   ☐ Construction   ☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

   MICHAEL JASSO

   65 HORSESHOE CIRCLE

   JEROME, ID 83338

   > 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):

   _____

   _____

Signature: _____

Printed Name: ____MICHAEL JASSO____

Capacity: _____OWNER_____
(see instruction # 8 on back of form)

Revision 2/97
g \corp\forms\abn prn6

Secretary of State use only

IDAHO SECRETARY OF STATE

04/08/1999 09:00
CX: 3186 CT: 113782 BH: 205281

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 24851