FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2009 JUL 22 PM 3: 58

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| CJ En | terprises | | |
|---|------------------------------------|---|---|
| The true name(s) and business address(es business under the assumed business name Name | s) of the ne: | entity or individual(s) doing Complete Address | |
| Chris Clopton | | 1550 W Orchard Ave | |
| | (a) | Hayden, ID 83835 | - |
| | | | 7 · · · · · · · · · · · · · · · · · · · |
| . The general type of business transacted un | ider the | assumed business name is: | |
| Retail Trade Transportation Wholesale Trade Construction | and Pu | blic Utilities | |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | | Submit Certificate of Assumed Business Name and \$25.00 fee to: | |
| The name and address to which future correspondence should be addressed: | | idaho Secretary of State 450 N 4th Street PO Box 83720 | |
| CJ Enterprises | | Bolse ID 83720-0080 | |
| 1550 W Orchard Ave | | (208) 334-2301 | |
| Hayden, ID 83835 | | | 1 |
| Name and address for this acknowledgme copy is (if other than # 4 above): | nt | | . |
| | <u> </u> | | e i Nysana. |
| | | Secretary of State use only | \$1 pr |
| ature: Chi ChA | stato, AS | 3 | |
| (blowture required) ed Name: Chris Clopton | tonicalain Sons Revisad/Juzzazo | . • | r. |
| | COCHECTOR SERVICES | IDAHO SECRETARY | OF STATE |
| icity/Title: Owner | Table 1 | 07/22/2009 CK: 285770 CT: 172099 | BH: 1179(|