



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

04 SEP 22 PM 4:45

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Jake and I

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

Rosemary S. Gray

2405 W. Idaho St., Boise, ID 83702

JACOB BENJAMIN

2405 W. IDAHO ST, BOISE, ID 83702

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Jake and I
2405 W. Idaho St.
Boise, ID 83702

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

Same

Phone number (optional):

208-342-1568

Signature: Jacob Benjamin / Rosemary S. Gray
(signature required)

Printed Name: JACOB BENJAMIN / Rosemary S. Gray

Capacity/Title: CO-OWNERS

(see instruction # 8 on back of form)

Secretary of State use only

080305

IDAHO SECRETARY OF STATE
09/23/2004 05:00
CK: 1236 CT: 150010 DH: 767494
1 @ 25.00 = 25.00 ASSUM NAME # 2