

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Namen NOV -4 AM 8: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Steve Jones	Consulting Services
2. The true name(s) and business address(or business under the assumed business name  Name  Steven K. Jones	(es) of the entity or individual(s) doing ame:  Complete Address  4420 E. Kuna Rd., Kuna, ID 83634
3. The general type of business transacted	under the assumed business 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:  Steve Jones  4420 E. Kuna Rd. Kuna, ID 83634  5. Name and address for this acknowledgr copy is (if other than #4 above):	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
	Secretary of State use only
nted Name:	IDAHO SECRETARY OF STATE  1 1/04/2003 05:  CK: 5000 CT: 158010 BH: 70  1 2 25.00 = 25.00 ASSUM NA

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