FILED SFFECTIVE



Printed Name:

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

^{ኅግ}ን SEP 24 대 9: 19

Please type or print legibly. NOTE: See Instructions on reverse before filing.

 The assumed business name which the undersign business is: 	
Jackson I	n vestment compa
 The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name 	
Bob A. Jackson	9055 W. Barnes Boise Edobo
	8370
. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pi Wholesale Trade Construction	ublic Utilities
Services Agriculture	Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Dob A. Jackson	PO Box 83720
9055 W. Barnes Boise, Id 83709	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):
	4
	Secretary of State use only
Baca Jaha - galung	

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IDAHO SECRETARY OF STATE

@9/24/2003 05:00

CK: 1211 CT: 173166 BH: 783257

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