

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

2007 APR 26 AM 9: 43

SECRETARY OF STATE STATE OF IDAHO

Chek	Pointe Mountain Home
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
	Complete Address -
JAM Of Idaho, Inc	1298 Maple Avenue, Twin Falls, ID 83301
(C155980)	
	cted under the assumed business name is:
☐ Wholesale Trade ☐ Constru	
Services Agricul	ture Submit Cortificate of
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real I	Name and COT OF STATE
4. The name and address to which futu	
correspondence should be addresse	
•	Basement West
Jerre Fender, President	PO Box 83720
1928 Maple Avenue	Boise ID 83720-0080 208 334-2301
Twin Falls, ID 83301	200 334-2301
5. Name and address for this acknowle	edament Phone number (optional):
COPY is (if other than # 4 above):	208-358-1270
	Secretary of State use only
gnature: (Signature required)	IDAHO SECRETARY OF STATE  94/27/2007 05:00  CK: 1546 CT: 182289 BH: 1849988  1 25.80 = 25.80 ASSUM MANE 1
inted Name: Jerre Fender	IDAHO SECRETARY OF STATE  94/27/2007 05:00  CK: 1546 CT: 182209 BH: 184998
enacity/Title: President	CK: 1546 CT: 182289 BH: 184998

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