

CERTIFICATE OF ASSUMED BUSINESS NAME

2018 HAY -7 AM 10: 10

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

SECRETARY OF STATE STATE OF IDAHO

Filing fee: \$25.00.

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

| | Just Jump It Toys | | | | |
|------------------------------|---|---------------|---|--|------------------------|
| 2. | The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): | | | | |
| | BOM, LLC(W162939) 2363 Warren Ave. Twin Falls, ID 83301 | | | | |
| | (Name) | (Address) | | | |
| | (Name) | (Address) | | - Albert | |
| | (Name) | (Address) | | | |
| | (Name) | (Address) | | <u>, </u> | |
| 3. | The general type of business transacted under the assumed business name is: | | | | |
| | Retail Trade | Construction | Trans | sportation and Public U | Jtilities |
| | Wholesale Trade | Agriculture | Mini | ng | |
| | Services | Manufacturing | Finar | nce, Insurance, and Re | eal Estate |
| 4. | Mailing address for future co | | 5. Name and a copy is (if other (Name) (Address) | address for this acknown ackno | vledgment (Zipcode) |
| Printed Name: Jimmy Morrison | | | Secretary of State use only | | |
| Siç | gnature: | | | IDAHO SECRETARY OF S | |
| Pr | inted Name: | | □ EK -1 | 05/07/2018 05: 128 CT:357356 BH: | |
| Si | gnature: | | 16 25 | .00 = 25.00 ASSUM | 4 NAME #2 |
| Pri | inted Name: | - | | | |
| Się | gnature: | | | | |

Rev. 08/2015

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