Signature: Jauro

Printed Name: __

Capacity/Title:_

Travor Anderson

Owner

(see instruction # 8 on back of form)

ED EFFECTIVE **CERTIFICATE OF ASSUMED BUSINESS NAME** Pursuant to Section 53-504, Idaho Code, the undersigned 2008 FEB 14 AM 9: 46 submits for filing a certificate of Assumed Business Name. 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: Jeimuzu Anime 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 60 Eagle Crest Dr. Sagle, ID 83860 Trevor Anderson 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Minina Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Trevor Anderson (208) 334-2301 60 Eagle Crest Dr. Sagle, ID 83860 5. Name and address for this acknowledgment CODY IS (if other than \$ 4 above): Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2008 05:00
CK: 1468298 CT: 172699 BH: 1899692
1 8 25.00 = 25.00 ASSUM NAME # 2