

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.



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STATE OF MAHO

The true name(s) and business address(establishess under the assumed business name Name Jeramee S. Moore	ne:	complete Address Bannock St. Bolse, ID 83712
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jeramee Moore 1132 E. Bannock St. Bolse, ID 83712	n and Put	
5. Name and address for this acknowledgme copy is (# other than # 4 above);	ent	Phone number (optional): 208-433-8047
		Secretary of State use only
gnature: printed Name: Jeramee Moore apacity/Title: Owner (see instruction # 8 on back of form)	g's orphysical den ferreside o get of the	IDAHO SECRETARY OF STATE 02/03/2003 05:00 CK: 1976 CT: 158010 BH: 660673 1 @ 20.00 = 20.00 ASSUM NAME #