CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

V	Pursuant to Section 53-504, Ida gives notice of adoption of an A	ssumed	Business Name.
1.	The assumed business name which the ur business is:	ndersign	ed users in the game action of
	J&S GUNS		
2.	The true name(s) and business address(es business under the assumed business name		
	David R. JONES	2773	APPLEN COURT, IdaHo FAIL, 834
3.	The general type of business transacted un (mark only those that apply)	nder the	assumed business name is:
	Retail Trade		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
	The name and address to which future Phone number (optional): (208) 542 - 6097 correspondence should be addressed:		
	David R. JONES		Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	2773 APPLEN COUAT		
	IdaHo FAILS, Id 83402		
	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		8	Secretary of State use only
Signatú	ire: R. A.	Revision 1/98	CK: WI CT: 116875 BH: 228465
Printed		8	1 @ 20.00 = 20.00 ASSUM NAME # 2
Capacit		slabn.p85	D 26354

(see instruction # 8 on back of form)