

Capacity/Title: Oune

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned pp. -4 AM 9: 11

Please type or print legib NOTE: See instructions on reverse 1. The assumed business name which the	before filing. SECHETAGE OF STATE STATE OF IDAHO ne undersigned use(s) in the transaction of
business is:	J + J Brothers
2. The true name(s) and business address business under the assumed business Name LI Jaliciense Inc. (C143424)	
3. The general type of business transacted Retail Trade Transport Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es	tation and Public Utilities etion Ire Submit Certificate of Assumed Business Name and \$25.00 foo to:
4. The name and address to which future correspondence should be addressed: Po Pox 135 American Falls I.D 83211	Secretary of State
5. Name and address for this acknowled copy is (if other than # 4 above):	Phone number (optional): (208) 397-7013
	Secretary of State use only
gnature: Land Brambia	290 udersumon ud

IDAHO SECRETARY OF STATE 94/94/2013 05:00 CK: 337986 CT: 134532 BH: 1367911 1 0 25.00 = 25.00 ASSUM NAME # 2

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