227

Capacity/Title:___

e: OUNG (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE STATE OF IDAHO

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.

The true name(s) and business address(e business under the assumed business and business are proportional to the proportion of the pr	(es) of the entity or individual(s) doing
business under the assumed business na Name	ame: Complete Address
_ Jeff Pierson	713 East Are C.
	Jerome, Id 83338
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720
V Jeff Pierson	Boise ID 83720-0080
713 East Ave C	(208) 334-2301
Olrome, <u>A</u> 83338	
	ment
5. Name and address for this acknowledgm	
CODY IS (If other than # 4 above):	
_	Secretary of State use only
copy is (if other than # 4 above): D.L. Evans Bank	
D.L. Evans Bank 980 5- Lincoln	Secretary of State use only Secretary of State use only Thought to the secretary of State use only Thought to the secretary of State use only Thought to the secretary of State use only

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