Capacity/Title: Partner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

## FILED EFFECTIVE

2007 MAR -9 AM 9: 06

SECRETZRY NO OTHER

## Please type or print legibly.

NOTE: See instructions on reverse before filling.

<ol> <li>The assumed business name which the un business is:</li> </ol>	ndersigne	d use(s) in the transaction of	
Jachimczyk Ente	<u>wpri</u>	'Ses	
The true name(s) and business address(es business under the assumed business name Name	me:	Complete Address	
Ann-Marie Kussell	10400 1	10400 Overland Rd. #342 Boise Id 8370	
Ann-Marie Russell Joshua Jachimczyk	21 Ste	zele St. Worcester, MA 01607	
3. The general type of business transacted un	nder the a	assumed business name is:	
Retail Trade Transportation and Public Utilities  Wholesale Trade Construction			
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	<b>)</b>	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West	
10400 Overland Rd. # 342 Boise , Idaho 83709-1449		PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgm	ent	Phone number (optional):	
COPY is (if other than # 4 above).		208-703-7462 or	
		508-688-5019	
	60	Secretary of State use only	
Signature: Aun Marc Rusell (signature required)	labn formatabn.p86 kilo4/2003		
Printed Name: Ann-Marie Russell	nskatrn risedOA	TRAIN SEPPETARY OF STATE	

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IDAHO SECRETARY OF STATE
03/09/2007 05:00
CK: 112 CT: 210650 BH: 1038813
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