CERTIFICATE OF

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned APR 29 AM 8: 38

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned business is: Select Jantocia Service	
2.	The true name(s) and <u>business</u> address(es) of the elements under the assumed business name: Name Timothy MAdams 405 Bo	
3.	The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
	The name and address to which future correspondence should be addressed: Time HAM ALL DBA Select Internal 4057 Libbi Li	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208/344-3996
		Secretary of State use only

Printed Name:

Signature:_

Capacity/Title:_

(see instruction # 8 on back of form)

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IDANO SECRETARY OF STATE 65/62/2003 65:00 CK: 373 CT: 158818 BH: 678248 1 0 25.80 = 25.00 ASSUM MANE # 3