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



(see instruction # 8 on back of form)

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name



gives notice of adoption of an Assum	ned business name.
 The assumed business name which the business is: 	
J & 0'3 Office	· Connection
The true name(s) and business address business under the assumed business r	
<u>Name</u>	Complete Address
Debra C. Solsgiver Juanita M. Morehouse	721 Contor Idaho Falls # 083401 516 Riverside Dr. #5 Pocatello ID 83
The general type of business transacted (mark only those that apply)	I under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 208-529-4692
Debra C. Salsgiver 721 Contor	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Idaho Falls, ID 8346	Secretary of State 700 West Jefferson
 Name and address for this acknowledge copy is (if other than # 4 above): 	
	Secretary of State use only IMHO SECRETARY OF STATE
Signature: <u>Silva C. Salsgiver</u> Printed Name: <u>Debra C. Salsgiver</u>	67/62/1998 69:66 (X: 9133794912 CT: 199953 BH: 124884
Printed Name: <u>Debra C. Salsgiver</u>	1 # 28.88 = 28.88 ASSUN WANE
Capacity: General Partner	D 16378