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

2 2 2	Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the undersigned JAN 11 2 17 PM s
1.	The assumed business name which the und business is:	
	15DA	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Manin Jarson	Complete Address 2655 Sand Illan Pel.
		Caldwell, Id. 83607
3.	The general type of business transacted und (mark only those that apply)	der the assumed business name is:
	□ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture □ Services □ Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
4.	The name and address to which future Ph correspondence should be addressed:	none number (optional):
	2655 Sand Hollow Hd.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Caldud A 83607	Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above).	700 West Jefferson Basement West PO Box 83720
	150A 2055 Q. 111 Ph. Od.	Boise ID 83720-0080 208 334-2301
	Cally Il	Secretary of State use only IDANO SECRETARY OF STATE
natu	ire: Man Jacon	IDAHO SECRETARY OF STATE 01/12/2001 09:00 CX: 1384 CT: 139132 BH: 372334
	Name: MARVIN LARSUN	1 0 20.00 = 20.00 ASSUM NAME # 2

Sig

Pri

Capacity:_

(see instruction # 8 on back of form)

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