

CERTIFICATE OF

2005 FEB 15 AT STIKE Pursuant to Section 53-504, Idaho Code, the undersigned

STATE OF IUAHO

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

(see instruction # 8 on back of form)

business is: JT LOCATION SERVICE	ES
2. The true name(s) and business address business under the assumed business	
Name	Complete Address
LOHN FORD	2601 E BEECH ST
	CALVUCAL, ID 83605
3. The general type of business transacte Retail Trade Transporta Wholesale Trade Construct	ation and Public Utilities
Services Agricultur	re Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Est	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	
correspondence should be addressed:	700 West Jefferson Basement West
JT LOCATION SERVICES	
ZW7 E BEECH ST	Boise ID 83720-0080
CALDWELL, IN 83605	208 334-2301
Name and address for this acknowled copy is (if other than # 4 above):	gment Phone number (optional):
	Secretary of State use only
gnature: (signature required) nted Name: (SULLO FOLO)	Secure 1

1 8 25.00 = 25.00 ASSUM NAME # 2

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