



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE
01 OCT -5 AM 8:51
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

WOODBINE POTTERY.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Phil JENKINS</u>	<u>835 N 11th AVE</u>
<u>Shelley GULLER JENKINS</u>	<u>Pocatello ID</u>
	<u>83201</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

WOODBINE POTTERY
835 NORTH 11th AVE
Pocatello ID 83201

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

233-0443

Signature: Phil Jenkins

Printed Name: Phil JENKINS

Capacity: PARTNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\compforms\labn forms\labn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
10/05/2001 05:00
CK: 5006 CT: 152115 BH: 422630
1 @ 20.00 = 20.00 ASSUM NAME # 2

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