

FILED EFFECTIVE



## 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.

SECRETARY OF STATE  
STATE OF IDAHO

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

PalmerCash.com

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

Name

Oliver Jackson Inc.

Complete Address

1218 N. 15th St. Boise, ID 83702

C 150796

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

<input checked="" 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 type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Oliver Jackson Inc.

1218 N. 15th St.

Boise, ID 83702

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

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):

Signature:

(signature required)

Printed Name: Ben Hart

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporations\formstatn.pdf  
Revised 04/2003

IDaho SECRETARY OF STATE  
09/17/2003 05:00  
CK: 222 CT: 173825 BH: 782132  
1 e 25.00 = 25.00 ASSUM NAME # 2

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