

Printed Name: Wrile

Capacity/Title:

Co-owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 FEB 15 AN 9:21 STAFE OF IDAHO

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

The true name(s) and business address(es) of the business under the assumed business name:	ne entity or individual(s) doing
Varie A. Jaussi a Mark V. Jaussi I	Complete Address 142 Rendezvous Rd. dans Falls, ID 83402
. The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Aric A. Jaussi 2142 Rendez Vous Rd 1440 Falls, Talls 183402	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
i. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE 02/15/2002 05:00 CK: 2556 CT: 157413 BH: 446639 1 0 20.00 = 20.00 ASSUM NAME # 2 D52135