| A CONTRACTOR | CERTIFICATE OF ASSU (Please type or print legibly. | JMED BUSINESS NAME See instructions on reverse.) |
|--------------|--|--|
| | To the SECRETARY OF STATE, ST Pursuant to Section 53-504, lo gives notice of adoption of an | ATE OF IDAHO daho Code, the undersigned RETARY OF STATE Assumed Business Name STATE OF IDAHO |
| 1. | The Royal Jesta | undersigned use(s) in the transaction of |
| 2. | The true name(s) and business address(business under the assumed business name | (es) of the entity or individual(s) doing |
| | . <u>Name</u> | Complete Address |
| | DeAnn Hendricks | 1965 Pollandet, Id Falls, Id |
| 3. | The general type of business transacted (mark only those that apply) | under the assumed business name is: |
| | Retail Trade | Finance, Insurance, and Real Estate |
| 4. | The name and address to which future correspondence should be addressed: | Phone number (optional): <u>208-523-67</u> 96 |
| | DeAnn Hendricks 1965 Pollandet | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 5. | That Falls, The ho 8340. Name and address for this acknowledgm copy is (if other than # 4 above): | 700 West Jefferson |
| | | Secretary of State use only IDAHO SECRETARY OF STATE |

Signature: Do an Hendricks Printed Name: De Ann Hendricks

Capacity:___

(see instruction # 8 on back of form)

09/18/1998 09:00 CK: 3543 CT: 184199 BH: 146479

1 8 28.08 = 28.08 ASSUM NAME # 2

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