## 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.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  Jennifer Yelda Insurance	
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Annifer A. Yalda  P	
The general type of business transacted under the assumed business name is:	
Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Lennifer A. Yelda PO Box 2555 Ketchum, ID 833340  5. Name and address for this acknowledgment copy is (if other than # 4 above):	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  Phone number (optional): 208-726-2471
COPY is finding than # 4 accords.	
Signature: (signature required)  Printed Name: JANNHER A. Yelda  Capacity/Title: OWNER	Secretary of State use only  Secretary of State use only  Secretary of State use only  Secretary of State  Secretary of State  Secretary of State  O3/26/2004 05:00

(see instruction # 8 on back of form)

10AHU SECRETARY OF STATE

03/26/2004 05:00

CK: 32643802728NJO CT: 172099 BH: 735865

1 0 25.00 = 25.00 ASSUM NAME # 2