

	CERTIFICATE OF ASSUMED BUS (Please type or print legibly. See instruction	SINESS NAME STATES
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersigned use business is: AAU	e(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
	Name JEFFrey L. Stephene	418 B N. MiDDLEKES AMPA ID 83657. 83651
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:	
	SANE AS ABOVE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above): SANTE AS AROUNE	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature: Jeff > ML

Printed Name: JEFFFFY 1. Stephens

Capacity:_

(see instruction # 8 on back of form)

Secretary of State use only

IDANO SECRETARY OF STATE

01/24/2001 09:00 CK: 1848 CT: 141298 BH: 374637

1 0 20.00 = 20.00 ASSUM NAME # 3

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