



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 DEC 20 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

JoBooks

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

Name

Complete Address

Joleen M Jenkins

1210 Cora Rd, Potlatch, ID 83855

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

- Retail Trade Transportation and Public Utilities
- Wholesale Trade Construction
- Services Agriculture
- Manufacturing Mining
- Finance, Insurance, and Real Estate

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

Joleen M Jenkins

1210 Cora Rd

Potlatch, Idaho 83855

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Joleen M Jenkins

Printed Name: Joleen M Jenkins

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/20/2013 05:00
CK: 265 CT: 298845 BH: 1482579
1 @ 25.00 = 25.00 ASSUM NAME # 2

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