

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 JUN 15 AM 8: 46

STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

2. The true name(s) and business address(es) of the ent business under the assumed business name: Name Steve and Stephanie Jackson Gaven and Frances Knighton 3. The general type of business transacted under the assumed business transacted under the assumed business transacted under the assumed business transportation and Public Construction Wholesale Trade Construction Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 3. The name and address to which future correspondence should be addressed: Stephanie Jackson P.O. Box 151, Menan, D 33434 Menan, ID 83434 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Complete Address Box 151, Menan, ID 834
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Stephanie Jackson P.o. Box 151, Menan, DD 83434 Menan, ID 83434 Name and address for this acknowledgment	Submit Certificate of Assumed Business
correspondence should be addressed: Stephanie Jackson P.o. Box 151, Menan, DD 83434 Menan, ID 83434 Name and address for this acknowledgment	
· · · · · · · · · · · · · · · · · · ·	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	,
nature: Stephane K. Gackson	Secretary of State use only
nted Name: Stephanie K. Jackson	
pacity/Title: Manager,Owner, and Operator	
nature:	IBANO SECRETARY OF STATE
nted Name: Gaven C. Knighton	06/15/2012

abn.pmd Rev. 07/2010

0156295