



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 APR 16 AM 8: 6

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

JENSHAP FRAMING

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
BELMAN MIRANDA	19863 DOMINION WAY, CALDWELL, ID 83605

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

19863 DOMINION WAY

CALDWELL, ID 83605

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Belman Miranda _____

(signature required)

Printed Name: Belman Miranda

Capacity/Title: Owner

(see instruction # 8 on back of form)

Information Form 500
Rev 10/04/2002

Secretary of State use only

IDaho SECRETARY OF STATE
04/16/2010 05:00
CK: 1278 CT: 242013 BH: 1217934
1 # 25.00 = 25.00 ASSUM NAME # 2

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