



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

FEB 13 AM 11:26

STATE OF IDAHO

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:

Sell It Yourself

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

Name
Michael A.P. Jacobson

Complete Address
2300 S. Orchard, Suite C.
Boise, ID 83705

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 type="checkbox"/> Construction |
| <input checked="" 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:

Michael Jacobson
7781 Stirrup Ave.
Boise, ID 83709

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

424-1492

Signature:

Michael A.P. Jacobson
(signature required)

Printed Name: Michael A.P. Jacobson

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn_form\labn.p65 Revised 09/2002

IDAHO SECRETARY OF STATE
02/18/2003 05:00
CK: 1386 CT: 158018 BH: 663458
1 @ 20.00 = 20.00 ASSUM NAME # 2

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