## PLED EFFECTIVE



## **CERTIFICATE OF**

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned ASSUME 13 P 2: 14 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

OTT'S PLACE	
P. The true name(s) and business address(e business under the assumed business name  Name  J&PLLC	s) of the entity or individual(s) doing me: Complete Address 417 MAIN STREET ASHTON ID 83420
W32585	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
OTT'S PLACE	PO Box 83720
417 MAIN STREET ASHTON ID 83420	Boise ID 83720-0080 208 334-2301
	ent Phone number (optional):
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	(208) 652-7689

JAMES K. JOHNSON

**MANAGER** 

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

IDANO SECRETARY OF STATE

08/13/2004 05 200

CX: 2859 CT: 181456 DM: 768854
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