CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE



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

Please type or print legibly.

NOTE: See instructions on reverse before filing.	
The assumed business name which the undersigned business is: **ROSE H. JONES FAMILY**	d use(s) in the transaction of
The true name(s) and business address(es) of the e business under the assumed business name: Name MARILYN CARRICO 4965 N. W. TENGEORGE W TONES 620 W. 600 N.	
DAVID KHALIL JONES 6565 EAST IONA JUDY ANN CHRISTIAN SEN 8341 WEST	9 R.C. IDAHO FALLS, ID 8340 TMYRON MAGNA UT. 840 DNORTH SAINTANTHONY ID 8
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: **Rose H. Jones Family Partnership	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
10AHO FALLS IT 83401	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 522-1480 Secretary of State use only
ature: D Khalil Jones	• • • • • • • • • • • • • • • • • • •

Printed Name: D. KHALIL JONES

Capacity/Title: MANAGING PARTNER (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
99/26/2005 05:00
CK: 122 CT: 192627 BH: 913529
1 0 25.00 = 25.00 ASSUM NAME # 2

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