

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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CERTIFICATE OF	SPEC TO B
ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business	undersigned Section 1
Please type or print legibly. NOTE: See instructions on reverse before	e filing.
The assumed business name which the under business is:     Jus' Be	
2. The true name(s) and business address(es) business under the assumed business name Name  Krista Volk	of the entity or individual(s) doing : Complete Address 5012 W. Fairborough Dr., Meridian, Id. 83646
Travis Volk	5012 W. Fairborough Dr., Meridian, Id. 83646
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Krista or Travis Volk  5012 W. Fairborough Dr.	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
Meridian, Idaho 83646  5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt
Same as above	Secretary of State use only
Printed Name: Krista Volk  Capacity/Title: Proprietor  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  O1/10/2008 05:00  CK: 1197 CT: 158818 BH: 1893795  1 0 25.80 25.00 ASSUM NAME ID  O1/18/20