



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

FILED EFFECTIVE

11 SEP -1 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

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

J & J Services and Repair

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

Jorge Hernandez

281 Caswell Ave W. SPC D5 Twin Falls ID 83301

Juan Saldivar

281 Caswell Ave W. SPC D5 Twin Falls ID 83301

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Juan Saldivar

281 Caswell Ave W. SPC D5

Twin Falls ID 83301

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

Robyn Sabins

First Federal Bank

383 Shoshone St N Twin Falls, ID 83301

Signature: _____

Printed Name: Juan Saldivar

Capacity/Title: Partner - ownership

Signature: [Signature]

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/01/2011 05:00
CK: 19877604831 CT: 262884 BH: 1288836
1 @ 25.00 = 25.00 ASSUM NAME # 2

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