Capacity/Title: DWNETR HEACTH

(see instruction # 6 on back of form)

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

2010 MAR 31 PM 1:00

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(e	• • • • • • • • • • • • • • • • • • • •
business under the assumed business na Name	Complete Address
CLINT JACKSON LARA JACKSON	MERIDIAN, ID 83646
3. The general type of business transacted u	under the assumed business name is:
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ###################################	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080
5. Name and address for this acknowledgm	nent
COPY is (if other than # 4 above):	

IDAHO SECRETARY OF STATE

03/31/2010 05:00

CK: 411954 CT: 172899 BH: 1215683
1 0 25.00 = 25.00 ASSUM NAME #