

Capacity/Title: own ee

(see instruction # 8 on back of form)

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.

NOTE: See instructions on reverse before filing.

_ J+J Hg. + A/C	
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: Name Tom R. Sexauer	f the entity or individual(s) doing Complete Address 105 N 44 F - Mh. Hane Ib 83
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):

IDAHO SECRETARY OF STATE

97/18/2002 95:90

CK: 5336 CT: 162011 BH: 477794

1 8 20.80 = 20.80 ASSUM NAME # 2

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