

Printed Name:

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS NAI Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing	rsigned 9. 9. Name.
 The assumed business name which the undersign business is: Rock / Mountain The true name(s) and business address(es) of the business under the assumed business name: Name Jake C. Smith 90 	Kabinets
3. The general type of business transacted under the Retail Trade Transportation and Property Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jake C.Smith 9075 Chunhust Vone Identified Blooms (If other than # 4 above):	
Signature: Que C. Lill	Secretary of State use only

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01/22/2004 05:00 CK: 2481 CT: 158918 BH: 723839 1 25.98 = 25.89 ASSUM NAME # 2