## CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an	Assumed	Business Name. 10,000 18
1.	The assumed business name which the business is:	undersign	ed use(s) in the transaction of
	J+S Mobile Repair		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Steven Hawkins	1625	Complete Address  F 3 cd Ave Post Falls Id 83857
	James Bycock	Samo	as above
3.	The general type of business transacted (mark only those that apply)	under the	assumed business name is:
	Retail Trade		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone nu	umber (optional): 208-457-9945
	1625 E3rd Ave Post Falls Id 83854		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		6	Secretary of State use only

Signature: Printed Name: Strew 6. Hawkins

Capacity: Owner

(see instruction # 8 on back of form)

06/19/2000 09:00 CK: 95672793799 CT: 132533 BH: 327314

1 0 20.00 = 20.00 ASSUM NAME # 2

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