CERTIFICATE OF ASSUMED BUSINESS NAME (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.		
1.	. The assumed business name which the undersigned use(s) in the transaction of business is:		
	M.B. Jack Installation and Repa	ir	
			1. 45.14 . 47.5 . 1.1
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name Marie I Banka	Coi	mplete Address k Ave Lewister, 20 83501
	Michael Barley 17	י הפקוטב	N Sive Ceasing 120 00001
3.	The general type of business transacted une (mark only those that apply)	der the assu	imed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Ein Fin	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	rrespondence should be addressed: Phone number (optional): (208) 790-0636		
	1709 Hemlock Ave.		Submit Certificate of
	1709 Hemlock Ave. Lewiston, ID, 83501		Assumed Business
	<u>— (2), (3), (3), (1)</u>		Name and \$20.00 fee to:
			Secretary of State
_	Name and address for this acknowledgmen	4	700 West Jefferson Basement West
ວ.	COPY is (if other than # 4 above):	L	PO Box 83720
			Boise ID 83720-0080
			208 334-2301
			Secretary of State use only

Signature: Muh Printed Name: Michael Capacity: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/22/2002 05:00
CK: 858 CT: 158018 BH: 647449
1 8 20.60 = 20.60 ASSUM NAME # 2

D.160142