

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. Instructions are included on back of application.

FILED EFFECTIVE

2013 MAY -8 PM 4: 24

SECRETARY OF STATE STATE OF IDAHO

JMAG GOLD	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Per Portels	name: <u>Complete Address</u>
Dax Drevick	P.O. Box 421, Hope, ID 83836
3. The general type of business transacte Retail Trade Transports Wholesale Trade Construct Services Agricultur Manufacturing Mining	tation and Public Utilities tion re Submit Certificate of
Finance, Insurance, and Real Es	Assumed Business State Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Dax Drevick P.O. Box 421	
Hope, ID 83836	200 334-2301
5. Name and address for this acknowledge copy is (grother than #4 above):	yment — —
gnature: Day Dreins	Secretary of State use only
inted Name: Dax Drevick	_
pacity/Title:Owner	
gnature:	IDAHO SECRETARY OF STATE
inted Name:apacity/Title:	05/08/2013 05:00 CK: 1392518 CT: 172899 BH: 137381 1 8 25.88 = 25.88 ASSUM NAME #