FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

2011 MAR 24 PM 1: 30

STATE OF TOAHO

Please type or print legibly.
Instructions are included on back of application.

N	eurotic Rentals
The true name(s) and <u>business</u> address business under the assumed business Name	name: <u>Complete Address</u>
Jennifer A Blair	873 Morning Sun Drive, Twin Falls, ID 83301
3. The general type of business transacte	ed under the assumed business name is:
Retail Trade Transporta Wholesale Trade Construct	ation and Public Utilities don
✓ Services	Submit Certificate of
 The name and address to which future correspondence should be addressed: Jennifer A Blair 	Secretary of State 450 North 4th Street PO Box 83720
873 Morning Sun Drive Twin Falls, ID 83301	Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	<u></u>
ignature: UAAJAPA	Secretary of State use only
rinted Name: Jennifer A Blair	
apacity/Title: Owner	
gnature:	_
inted Name:	_
apacity/Title:	
abripand Re	IDANO SECRETARY OF STATE

03/24/2011 05:00 CK: 636736 CT: 172099 BH: 1265922 1 0 25.00 = 25.00 ASSUM NAME # 2

