

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

Forrest S. Jenkins

President

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:___

Forrest S	3. Jenkins
The true name(s) and business address(es) business under the assumed business nam Name JIA, Inc. (C165249)	
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
JIA, Inc. 1626 17th Street Lewiston, Idaho 83501	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): (208) 746-0040
	Secretary of State use only
ature: Ima I funtion (suprature required)	42003

IDAHO SECRETARY OF STATE

03/28/2006 05:00

CK: 8280 CT: 108877 BH: 945775

1 8 25.00 = 25.00 ASSUM NAME # 2

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