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

	(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			
	Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.			
1.	1. The assumed business name which the undersigned use(s) in the transaction of			
	business is:	١		
	The Preferred Pag	zes by c	outinental Kublishing	
2.	The true name(s) and business address(es) of the entity or individual(s) doing			
	business under the assumed business name is/are:			
	Jarrod F. Barr	Soo W. Whitestone Dr.		
		Meridian IO. 83642		
	•			
3.	The general type of business transacted ur (mark only those that apply)	nder the assur	med business name is:	
	Retail Trade Manufacturin		namentation and Dublic Litities	
	Retail Trade	<u> </u>	nsportation and Public Utilities ance, Insurance, and Real Estate	
`	Services Construction	☐ Min	•	
4.	. The name and address to which future Phone number (optional):			
	correspondence should be addressed:			
	2500 w. whitestone Dr-		Submit Certificate of	
	Meridia IO, 83642		Assumed Business Name and \$20.00 fee to:	
		·	Secretary of State	
E	Name and address for this acknowledgme	n.1	700 West Jefferson	
J.	COPY IS (if other than # 4 above).	i il	Basement West PO Box 83720	
			Boise ID 83720-0080 208 334-2301	
		[		
		8	Secretary of State use only IDAHO SECRETARY OF STATE	
	R	Revision 1/98	98/12/1998 99:00 CX: 9836 CT: 182639 BN: 136144	
Signatu		<b>II.</b>	1 8 20.88 = 20.08 ASSUM MANE	
Printed	Name: Jarrod Barr	Papu.p85	D17500	
Printed	Name: Jarrod Barr	8	O(1000)	
Canad	iber () \ \	<del>9</del>	1///300	

(see instruction # 8 on back of form)