Capacity: President

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSU (Please type or print legibly.	IMED BU See instructi	ISINESS NAME ons on reverse.) FILE
	To the SECRETARY OF STATE, STA	laho Code, th	e undersigned
1.	The assumed business name which the ubusiness is: LHJ FUTUIOLUAVE	undersigned u	use(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Lowe // Jackling	<u> 1548 a</u>	omplete Address 67h 57 Payerr IO 1 3661
	1.	1548 N 6 Th	
3.	The general type of business transacted (mark only those that apply)	under the ass	sumed business name is:
	Retail Trade	n	ransportation and Public Utilities inance, Insurance, and Real Estate lining
4.	The name and address to which future Phone number (optional): (208)642-1039 correspondence should be addressed:		
	LaH Jackling		Submit Certificate of
	1548 N 6Th ST		Assumed Business Name and \$20.00 fee to:
5.	Payett ID 83661 Name and address for this acknowledgme copy is (if other than #4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		8	Secretary of State use only IDANO SECRETARY OF STATE
Signati	we Lowell Back line	Revision 1/38	12/23/1998 @9:@@ CX: 3838 CT: 188541 BH: 172684 1 8 28.88 = 28.88 ASSUM HAME # 2
•	Name: Lowell Jackling	\$90d'u	1 6 56.96 2 56.99 NOSUM NAME & 2

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