208-529-8686

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE

200 100 16 P 10 19

Please type or print legibly.  NOTE: See instructions on reverse before fi  The assumed business name which the unders business is:  Your Coaching	igned use	(s) in the transaction of
. The true name(s) and business address(es) of business under the assumed business name:  Name  John L. Jenkins	Co	or individual(s) doing omplete Address iska Way, Idaho Falls, ID 83402
Retail Trade Transportation a Wholesale Trade Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  1191 Periska Way, Idaho Falls, ID 83402  Name and address for this acknowledgment	nd Public	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
(Same as #4 above)  gnature:  printed Name:  (See instruction #8 on back of form)	g-tccrp/tomatabn formstabn p65 Revised 04/2003	IDAHO SECRETARY OF State use only  IDAHO SECRETARY OF STATE OF STA

CK: 81643303181SLD CT: 172099 BH: 761207 1 8 25.00 = 25.00 ASSUM NAME # 2