

CERTIFICATE OF FILED EFFECTIVA ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned for the Code of Section 53-504, Idaho Code, the undersigned for the Code of Section 53-504, Idaho Co

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

Inkjet Express	
2. The true name(s) and business address(e business under the assumed business name Name C & S Enterprises Inc.	s) of the entity or individual(s) doing me: Complete Address 5119 Tree Valley Rd. Chubbuck Idaho, 83202
3. The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Stanley D. Hatch 5119 Tree Valley Rd. Chubbuck Id. 83202	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
pature: Jaly D Joth	IDAHO SECRETARY OF STAT ##################################
ted Name: Stanley D. Hatch	順

(see instruction # 8 on back of form)