



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

2003 APR -2 AM 9:04
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

J.L.A.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Jennifer Andersen
PO Box 200
RAHDUM, ID
83854

Complete Address

[Redacted Address]

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Jennifer Andersen
1000 Megan Street
POST FALLS, ID 83858

5. Name and address for this acknowledgment copy is (if other than # 4 above):

N/A

Phone number (optional):

208-704-5310

Signature: _____

(signature required)

Printed Name: JENNIFER ANDERSEN

Capacity/Title: CERTIFIED NURSES Aide

(see instruction # 8 on back of form)

Secretary of State use only

064100

IDAHO SECRETARY OF STATE
04/02/2003 05:00
CK: 6078624208 CT: 158010 BH: 672372
1 @ 20.00 = 20.00 ASSUM NAME # 2