Signature:

Capacity:__

Printed Name: //

(see instruction # 8 on back of form)

	EILED/EFFECTIVE
CERTIFICATE OF ASS (Please type or print legible)	SUMED BUSINESS NAME y. See instructions on reverse.)
To the SECRETARY OF STATE, S Pursuant to Section 53-504, gives notice of adoption of a	Idaho Code, the undersigned TARY OF STATE of IDAHO
1. The assumed business name which the business is: Tammy S El	e undersigned use(s) in the transaction of
The true name(s) and business address business under the assumed business in the second control of the se	s(es) of the entity or individual(s) doing name is/are:
<u>Name</u> ,	Complete Address
Jammy Napier Scott Napier	120 E. VICTORY RA BOISE DO 8370
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 941-9564
Jammy'S ELEGRIC 1210 E. VICTORY Rd BOISE FD 83706	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
 Name and address for this acknowledgm copy is (if other than # 4 above): 	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	IMM SECKEMA TO SATE IV

g:\corp\forms\abn.p65

CK: 5479 CT: 145155 BH: 391626

1 0 20.80 = 26.80 ASSUM NAME # 2

1344513