(see instruction # 8 on back of form)

CE	RTIFICATE OF AS (Please type or print legil	SUMED BU bly. See instruction	SINESS NAME ons on reverse.)	
To th	ne SECRETARY OF STATE, Pursuant to Section 53-504 gives notice of adoption of	4, Idaho Code, the	undersigned AM 10: 14	
1. The assumed business name which the undersigned use(s) in the transaction of business is:				
	JBK ASSOCIATES			
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>				
Name		Co	Complete Address	
ROBERT L. FARBER		DRAWER V, MO	DRAWER V, MCCALL, IDAHO 83638	
	The general type of business transacted under the assumed business name is:/ (mark only those that apply)			
☐ Who	ail Trade	ure 🔀 Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning	
	e and address to which future ndence should be addressed		er (optional): 208 634 2101	
ROBERT	L. FARBER	<del> </del>	Submit Certificate of	
DRAWER	V		Assumed Business Name and \$20.00 fee to:	
5. Name ar	MCCALL, IDAHO 83638  5. Name and address for this acknowledgment copy is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		- 1/86	Secretary of State use only IDANO SECRETARY OF STATE	
Signature:	abert 2. Farber	Revision 1/88	12/21/1998 69:66 CK: 488 CT: 188413 BH: 171883	
,	ROBERT L. FARBER	<b>78</b>	1 6 28.08 = 28.08 ASSUM NAME 1 2	
_	OWNER	formstabn.p65	D91000	
(see i	nstruction # 8 on back of form)	[ 출	•	