

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

98 JUN 12 AM 9:47
STATE OF IDAHO

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

BAR J 2 ENTERPRISES

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

Name

Complete Address

STEPHANIE L JOHNSON

P.O. BOX 776 DONNELLY ID 83615

BARRY R. JOHNSON

"

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): _____

BAR J 2 ENTERPRISES

P.O. BOX 776

DONNELLY IDAHO 83615

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

06/12/1998 09:00
CX: 4186 CT: 100000 IN: 119131

1 @ 20.00 = 20.00 ASSUM NAME

D15831

Signature: [Signature]

Printed Name: STEPHANIE JOHNSON

Capacity: OWNER/MANAGER

(see instruction # 8 on back of form)