

CERTIFICATE OF ASSUMED BUSINESS NAME

Click here to clear form.

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECFRENTY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Sagel	y Sown
. The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> Mark Jensen Angela Jensen	
. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Mark Jensen 10015 Wild Horse Rd Melba, Idaho 83641	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than #4 above).	nt
- UM I Can	Secretary of State use only
ted Name: Mark Jensen	
pacity/Title: owner	
nature: <u>Angela J. Jensen</u>	IDAHO SECRETARY OF STATE
nted Name: Angela Jensen	CK: 1075 CT: 254536 BH: 12 1 0 25.00 = 25.00 ASSUM N

abn.pmd Rev. 07/2010

D144682