Image: State of the system	
2. The true name(s) and business address(e business under the assumed business na Name RENEE M. BJORNARD TROND A. BJORNARD	es) of the entity or individual(s) doing ime: Complete Address 5810 GLENEAGLES DRIVE, IDAHO FALLS, ID 834 5810 GLENEAGLES DRIVE, IDAHO FALLS, ID 834
 3. The general type of business transacted usiness transacted usiness transportations. 3. The general type of business transacted usiness to wholesale Trade Transportations. 3. Wholesale Trade Transportations. 3. Wholesale Trade Transportations. 3. Wholesale Trade Transportations. 4. Wholesale Trade Address to which future correspondence should be addressed: 3. RENEE M. BJORNARD 5810 GLENEAGLES DRIVE IDAHO FALLS, ID 83401-6336 	on and Public Utilities n Submit Certificate of Assumed Business Name and \$25.00 fee to:
 Name and address for this acknowledgr COPY IS (if other than # 4 above). 	ment Phone number (optional): 208-522-4724
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 05/02/2005 05:00 CK: 5418 CT: 158010 BH: 607773 1 @ 25.00 = 25.00 ASSUM NAME # 2 D 87300