

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.

FILED

97 NOV 20 PM 2:21

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

total Equine Supplement

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

DARWIN C. JENSEN

86 West 400 South

BURLEY, IDAHO 83318

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

☐

Retail Trade

☒

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 677-4789

total EQUINE Supplement

86 West 400 South

BURLEY, IDAHO 83318

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

Signature:

Darwin C. Jensen

Printed Name:

DARWIN C JENSEN

Capacity:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

11/21/1997 09:00
CK: 1691 CT: 90117 BH: 57322

1 @ 20.00 = 20.00 ASSUM NAME

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