



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 JUL -8 AM 9:55
SECRETARY OF STATE
STATE OF IDAHO

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

OLSEN'S SUPPLY

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

<u>Name</u>	<u>Complete Address</u>
<u>KEITH M. OLSEN</u>	<u>5828 E. IONA Rd.</u>
	<u>IDAHO FALLS ID 83401</u>

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

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

- The name and address to which future correspondence should be addressed: Phone number (optional): 208(523-5667)

KEITH M. OLSEN
5828 E. IONA Rd
IDAHO FALLS ID 83401

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

Signature: Keith M. Olsen

Printed Name: KEITH M. OLSEN

Capacity: OWNER

(see instruction # 8 on back of form)

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

07/08/1998 09:00
CR: 509 CT: 101179 DR: 126175

1 @ 20.00 = 20.00 ASSUM NAME

Revision 1/98

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