

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Owner

(see instruction # 8 on back of form)

Capacity/Title:

02 APR - 1 AM 9: 35

SECRETARY OF STATE STATE OF IDAHO

	Exchange Plaza	
The true name(s) and <u>business</u> address(es) business under the assumed business name. Name		
Theron L Jensen	2100 S. Bellin Rd., Idaho Falls, ID 83402	
Shirley R Jensen	"	
Wholesale Trade Construction Services Agriculture	and Public Utilities Submit Certificate of	
	Assumed Business Name and \$20.00 fee to:	
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West	
Theron Jensen - Suite 110	PO Box 83720	
1820 E. 17th Avenue	Boise ID 83720-0080 208 334-2301	
Idaho Falis, ID 83402	200 004-2001	
. Name and address for this acknowledgment copy is (if other than #4 above):	nt Phone number (optional):	
	Secretary of State use only	
	ış	
	& c	
ature:	mslabn formslabn p85 wised 01/2001	

IDAHO SECRETARY OF STATE 04/02/2002 05:00 CK: 1801 CT: 158010 BH: 456164 1 0 20.80 = 20.00 ASSUM NAME # 2

D53/80