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 NameTATE OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of 10	
Quality PRESSURE WASHING	
 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>	Complete Address
JIM JENSEN	1331FRENEST BUSE 83702
ELAINE JENSEN	1331 IRENE ST BOISE 83702
 The general type of business transacted under the assumed business name is: (mark only those that apply) 	
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): <u>336 5183</u> correspondence should be addressed:	
QUALITY PRESSURE WASHING 1331 IRENE ST	Submit Certificate of Assumed Business Name and \$20.0 0 fee to:
· BOISE 10 83702	Secretary of State 700 West Jefferson
5. Name and address for this acknowledge copy is (if other than # 4 above):	
	Secretary of State use only
	• •
Signature: June Jense	(K: CASH CT: 143186 BH: 382945
Printed Name: Jim JENSEN	1 # 20.06 = 20.00 ASSUM WANE # 2
Capacity: <u>OWNER</u> (see instruction # 8 on back of form)	sor uquissuu 443271