



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

**FILED 01/16/2007 05:00**

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

**SECRETARY OF STATE  
STATE OF IDAHO**

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

Jensen Design

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Justin B. Jensen

Complete Address

2904 Lianne

Idaho Falls, ID 83402

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Justin Jensen

2904 Lianne St.

Idaho Falls, ID 83402

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

Phone number (optional):

Signature: Justin B. Jensen

(signature required)

Printed Name: Justin B. Jensen

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

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IDaho SECRETARY OF STATE  
01/16/2007 05:00  
CK: 3546 CT: 158010 BH: 1026123  
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