



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 APR 12 PM 2:25

**Please type or print legibly.**

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

STATE  
OF IDAHO

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

Triple C Management

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

Name

Kevin J. Christensen

Complete Address

1692 North Buckler Way, Kuna, ID 83634

Krysten M. Christensen

1962 North Buckler Way, Kuna, ID 83634

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 type="checkbox"/> Construction
<input checked="" 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:

Kevin J. Christensen

1692 North Buckler Way

Kuna, ID 83634

Phone number (optional):

922-1732

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

Signature: Kevin J. Christensen

(signature required)

Printed Name: Kevin J. Christensen

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

DA5243  
IDAHO SECRETARY OF STATE  
04/12/2004 05:00  
CK: 1646 CT: 150010 BH: 738833  
1 @ 25.00 = 25.00 ASSUM NAME # 2