



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

Complete Address

Kevin J. Christensen

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:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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

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

Phone number (optional):

922-1732

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

075-243

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