



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 JAN 22 AM 8:53

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:

JORGENSEN FABRIC PRODUCTS

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

Name

KEVIN JORGENSEN
KELLY JORGENSEN

Complete Address

2489 KIMBERLY Rd
SUITE I & J
TWIN FALLS, ID 83301

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 type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

KEVIN JORGENSEN
3078 DICKSON
TWIN FALLS, ID 83301

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

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

Phone number (optional):

208-734-9274

Signature: K. Jorgenson
(signature required)

Printed Name: KEVIN JORGENSEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

D72380

g1corporations formslabn p65
Revised 04/2003

IDaho SECRETARY OF STATE
01/22/2004 05:00
CX: 2373 CT: 158810 BH: 723064
1 B 25.00 = 25.00 ASSUM NAME # 2