

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2004 JUN 17 AM 8: 43

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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business is:  Bear Lake Arctic Circle		
2. The true name(s) and business address(est business under the assumed business name  Name  Jensen Food Service, Inc.	ne:	entity or individual(s) doing  Complete Address  US Highway 89, Ovid, ID 83254
3. The general type of business transacted under the Retail Trade Transportation		
<ul> <li>☐ Wholesale Trade</li> <li>☐ Services</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> <li>Jensen Food Service, Inc.</li> </ol>		Secretary of State 700 West Jefferson Basement West PO Box 83720
20335 US Highway 89 Ovid, ID 83254		Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	ent	Phone number (optional):
		Secretary of State use only
nature: Abb Jensen  Med Name: Kelly Jensen	g.\corp\forms\abn_p65 Revised 04/2003	IDAHO SECRETARY OF STATE
pacity/Title: President (see instruction # 8 on back of form)	g chapt	06/17/2004 05 20 CK: 18811 CT: 1853 BH: 7518 1 0 25.00 = 25.00 ASSUM MAM

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