

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

2006 MAY -8 PM 12: 32

SECRETARY OF STATE STATE OF 1240

Just Im	agine
The true name(s) and business address(es) of business under the assumed business name Name Christopher Jensen	
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3. The general type of business transacted und	er the assumed business name is:
✓ Retail Trade✓ Transportation a✓ Wholesale Trade✓ Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
Christopher Jensen 75 North Main Street, Malad Id 83252	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Christopher Jensen	Phone number (optional): 208-766-4300
9 Bannock Street	Secretary of State use only
Malad, ld 83252	_
nature: (his Dewn (signature required)	IDAHO SECRETARY OF STAT State
nted Name: Christopher Jensen	IDAHO SECRETARY OF STAT
pacity/Title: Owner (see instruction # 8 on back of form)	05/09/2006 05: CK: 1549 CT: 158010 BH: 9 1 @ 25.00 = 25.00 ASSUM N