

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

DR Wenzel Consulting

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

<u>Name</u>	<u>Address</u>
<u>D. R. Wenzel</u>	<u>1560 Mountain Rose Drive, Idaho Falls, ID 83402</u>

3. The general type of business transacted under the assumed business name is:

Consulting Services

See categories on the reverse

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

1560 Mountain Rose Drive
Idaho Falls, ID 83402

Signed D. R. Wenzel

By _____

Capacity Owner - Manager

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/98

IDAHO SECRETARY OF STATE
01/10/2002 05:00
CK: 9525 CT: 155554 BH: 439179
1 @ 20.00 = 20.00 ASSUM NAME # 2

Form 100-1000
Rev. 10/98

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