

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 JUN 25 PM 12: 12

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business n	ame which the undersign	ned use(s) in the transaction of business is:	
KH	Nelson Farms		
 The individual and/or entitle the assumed business n 		address(es) of those doing business under ne you listed in #1):	
KENNETH NELSON	33493 HWY 95, PA	RMA, ID 83660	
(Name)	(Address)		
NORMA NELSON	33493 HWY 95, PA	RMA, ID 83660	
(Name)	(Address)		
(Name)	(Address)		
(Name)	(Address)		
3. The general type of busin	ness transacted under the	e assumed business name is:	
☐ Retail Trade☐ Wholesale Trade☐ Services	☐ Construction☒ Agriculture☐ Manufacturing	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate	
. Mailing address for future	e correspondence:	 Name and address for this acknowledgment copy is (if other than # 4). 	
KIM E NELSON			
(Name) 33493 HWY 95		(Name)	
(Address)		(Address)	
PARMA, ID 83660			
(City)	(State) (Zipcode)	(City) (State) (Zipcode)	
rinted Name: KENNETH NELSON		Secretary of State use only	
signature: Kania ha		IDANO SECRETARY OF STATE	
Printed Name: NORMA NELSON		06/25/2018 05:00 CK:11507 CT:132301 BH:1650476	
Signature: Norma helson		18 25.00 = 25.00 ASSUM NAME #:	
Printed Name:		D 203678	

Rev. 08/2015