

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS	NAME SAME
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed B	he undersigned Business Name.
Please type or print legibly. NOTE: See instructions on reverse before filing.	
The assumed business name which the unbusiness is:	dersigned use(s) in the transaction of Adventures
Altiazilig	Adventares
The true name(s) and business address(es business under the assumed business name	ne:
Name	Complete Address
Nii & Me, Inc.	c/o Scott E. Axline
	P.O. Box 100
C154633	Blackfoot, ID 83221
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Nii & Me, Inc. c/o Scott E. Axline	on and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
P.O. Box 100 Blackfoot, ID 832215. Name and address for this acknowledge copy is (if other than # 4 above).	ment Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity/Title: (signature required) Jeffery R. Nii President (see instruction # 8 on back of form)	1940 SECRETARY OF STATE 195/28/2004 05 = 00 05/28/2004 05 = 00 05/28/2004 05/28/20

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