CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of Juding	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name SERRALID NELSON 49N. N	Complete Address 1910 POBOX 38 Paris, ID 8326
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future Phone number (optional): correspondence should be addressed:	
19 N. Main PO BOX 38	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Paris , ID 83261	Secretary of State 700 West Jefferson
Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Mall Mulh	IDANO SECRETARY OF STATE
Printed Name (JERRALD NELSON &	09/05/2000 09:00 CK: 2235 CT: 135562 BH: 346124
Printed Name(1 8 20.00 = 20.00 ASSUM NAME # 2
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