CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

١.	The assumed business name which the ubusiness is:	STATE OF IDAHO undersigned use(s) in the transaction of
	Nelson Realty	
2.	The true name(s) and business address(business under the assumed business name	
	G. Gary Nelson	2621 N 2800 E, Twin Falls, ID 83301
	Shirley J. Nelson	2621 N 2800 E, Twin Falls, ID 83301
4.	Wholesale Trade Agriculture Finance, Insurance, and Real Esta Services Construction Mining The name and address to which future correspondence should be addressed:	
4.	Services Construction The name and address to which future	on Mining
4.	Services Construction The name and address to which future	on Mining
4.	The name and address to which future correspondence should be addressed: Nelson Realty c/o Gary or Shirley Nelson	Phone number (optional): (208)734-3930 Submit Certificate of Assumed Business

Signature:

Printed Name: Nelson Realty

Capacity: Owner, Sole Proprietorship

(see instruction # 8 on back of form)

CK: 1244 CT: 92142 BH: 78219 1 0 26.00 = 20.00 ASSUM HAME

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