

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

## FILED EFFECTIVE

2007 JAN 12 AM 9: 37

SECRETARY OF STATE STATE OF IDAHO

-	Nelson Floo	r Coveri	ng
2. T	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address		
	Nicholas D. Nelson	493 V	V. Highway 39 Blackfoot, Idaho 83221
	Amber N. Nelson		V. Highway 39 Blackfoot, Idaho 83221
3. T	he general type of business transacted und	er the a	ssumed business name is:
	Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	ind Pub	Submit Certificate of Assumed Business Name and \$25.00 fee to:
C	The name and address to which future orrespondence should be addressed:  Nicholas or Amber Nelson		Secretary of State 700 West Jefferson Basement West PO Box 83720
•	493 W. Highway 39 Blackfoot, Idaho 83221		Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgment copy is (if other than #4 above):		Phone number (optional): 208-785-3086
-			Secretary of State use only
- gnatur	re: <u>Nichan Nullan</u> (signature required)	g*corpVermetabn formstabn.p65 Revised 04/2003	
inted N	Name: Nicholas D. Nelson	formelabri form Revised 04/2003	
apacity	y/Title: Owner (see instruction # 8 on back of form)	g:kcorptlen Ren	IDAHO SECRETARY OF STATE 01/12/2007 05:0 CK: 4653 CT: 158018 BH: 18257 1 8 25.00 = 25.00 ASSUM NAME

