

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2009 JAN -2 AM 9: 15

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: Agegupments	South West
2. The true name(s) and business address(es) o business under the assumed business name: Name	
Ben Nelson	10513 W Hazelwood Star, I.D. 83669
3. The general type of business transacted unde	er the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: ///////////////////////////////////	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
inted Name: Ben NelSon	1DAHO SECRETARY OF STATE 1DAHO SECRETARY OF STATE 1 / 02/2009 05: CK: 184971 CT: 172099 BH: 11 1 0 25:00 = 25:00 ASSIM MA
apacity/Title: OWNEY (see instruction # 8 on back of form)	CK: 184971 CT: 172099 BH: 11 1 e 25.00 = 25.00 ASSUM NA