

Capacity/Title: Bookkeeper

(see instruction # 8 on back of form)

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.

E: See instructions on reverse before filing.

| Thoms TX | |
|--|---|
| The true name(s) and business address(e business under the assumed business name Name Thomas J. Nicklaus | |
| The general type of business transacted u | nder the assumed business name is: on and Public Utilities |
| □ Wholesale Trade □ Construction □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| The name and address to which future correspondence should be addressed: Thoms TX 2416 College Ave. Caldwell, Edaho 83605 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| i. Name and address for this acknowledgme copy is (if other than # 4 above): | ent Phone number (optional): |
| | |

IDAHO SECRETARY OF STATE **95/11/2006 05:00**CK: 1213 CT: 200190 BH: 954171 1 8 25.00 = 25.00 ASSUM NAME # 2