

CERTIFICATE OF ASSUMED BUSINESS NAME

2014 JUN -9 AM 9: 22

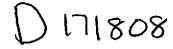
FILED EFFECTIVE

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

SECRETARY OF STATE
STATE OF EASTO

Please type or print legibly. Instructions are included on back of application.

	ddress(es) of the entity or individual(s) doing
business under the assumed business under the assumed business	iness name: <u>Complete Address</u>
Jill Lorraine Nystrom	6371 Kootenai St., Bonners Ferry, ld 83805
Dan Alvin Nystrom	6371 Kootenai St., Bonners Ferry, ld 83805
Retail Trade Tran	isacted under the assumed business name is: isportation and Public Utilities instruction iculture Submit Certificate of Assumed Business
Finance, Insurance, and Re 4. The name and address to which to correspondence should be address. Jill Nystrom 86 Mango Moyie Springs, le	Pal Estate Name and \$25.00 fee to: Secretary of State 450 North 4th Street
5. Name and address for this ackno copy is (if other than #4 above):	wledgment
	Secretary of State use only
rinted Name: dill Nystrom Capacity/Title: co-owner ignature:	IDAHO SECRETARY OF STATE 06/10/2014 05:00 CK:144 CT:297789 BH:14284 16 25.00 = 25.00 ASSUM NAM



Capacity/Title: co-owner