

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE
MAY - 8 AM 9:21
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Nelson Insurance Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Address
<u>Mary J Nelson</u>	<u>2085 E Ridgeview Dr</u>
<u>Todd W Nelson</u>	<u>Post Falls ID 83854</u>

3. The general type of business transacted under the assumed business name is:

Services
See categories on the reverse

4. The name and address to which correspondence should be addressed:

Mary J Nelson
2085 E Ridgeview Dr, Post Falls ID 83854

Signed [Signature]

By Mary J Nelson

Capacity Owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Revision 10/85
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1890-SECRETARY OF STATE

05/08/2000 09:00
CK: NO CK # CT: 138792 BH: 315905

1 @ 20.00 = 20.00 ASSUM NAME # 2

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