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	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the USAND BUSINESS N	NAME SECRETARY CONTACT
Submits for filing a cermicate of Assumed Please type or print legibly. NOTE: See instructions on reverse before	e filing.
 The assumed business name which the under business is: 	ersigned use(s) in the transaction of
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business Name	Complete Address
Asa V. Nims	Doise B1703
 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>Asa Nims</u> <u>JUDO N JOHN</u> Boise TD 833D5 5. Name and address for this acknowledge copy is (frother than # 4 above): 	e Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208-334-2301
Signature: <u>L. M.</u> (separate required) Printed Name: <u>ASA V. NIMS</u> Capacity/Title: <u>O & new</u> (see Instruction # 8 on back of form)	$\begin{array}{c} \hline & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & & \\ & & & \\ & & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & &$