

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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.

97 JUN -9 AM 10:37

SECRETARY OF STATE
STATE OF IDAHO

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

Nuthak Farrier Service

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 Kamie K. Pilgrim-Nuthak Complete Address 362 Grandview Dr. N.
Twin Falls ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Kamie K. Pilgrim-Nuthak
362 Grandview Dr. N.
Twin Falls ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Kamie K. Pilgrim-Nuthak

Printed Name: Kamie K. Pilgrim-Nuthak

Capacity: Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
DATE 06/09/1997
0900 100220 2
CK #: 6172 CUST# 82614
ASSUM NAME 1@ 20.00= 20.00

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