



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 MAR 16 AM 9:00  
STATE OF IDAHO

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

ALL SAT ENTERPRISES

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

Name

JAMES NAILLON

Complete Address

1018 NECTARINE STREET

NAMPA, IDAHO 83686

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

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

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

ALL SAT ENTERPRISES

1018 NECTARINE STREET

NAMPA, IDAHO 83686

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

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

JAMES NAILLON

1018 NECTARINE STREET

NAMPA, IDAHO 83686

Phone number (optional):

208-284-2806

Secretary of State use only

DN267

Signature: James NAILLON

(signature required)

Printed Name: JAMES NAILLON

Capacity/Title: OWNER/OPERATOR

(see instruction # 8 on back of form)