## 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.

11 JUL -1 AM 9: 17

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

SECHLE RY OF STATE STATE OF IDAHO

The assumed business name which the business is:	undersigned use(s) in the transaction of
DKN Book	keeping & Payroll
The true name(s) and <u>business</u> address( business under the assumed business name <u>Name</u> Darin Nelson	
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	on and Public Utilities on Submit Certificate of
Finance, Insurance, and Real Esta	Assumed Business te Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:      Darin Nelson  2325 Hillcrest Ln	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Caldwell ID 83605	208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Signature: Send M	Secretary of State use only
Printed Name: Darin Nelson	
Capacity/Title: Owner	_
Signature:	IDAHO SECRETARY OF STATE - 67/01/2011 05:00
Printed Name:	CK: 1236 CT: 269329 BH: 1288877 1 0 25.00 = 25.00 ASSUM NAME # 2
Panacity/Title:	

abn.pmd Rev. 07/2010

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