

Printed Name: JAMES

(see instruction #8 on back of form)

Capacity: Preside

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.

SEP 19 10 53 MM '01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETAL ATE

Towns Lower Lower Lower Landscape	A
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Name James Lea Nelson 1579	entity or individual(s) doing
3. The general type of business transacted under the ☐ Retail Trade ☐ Transportation and Pu ☑ Wholesale Trade ☐ Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
1. The name and address to which future correspondence should be addressed: YOUTH 157518 ALCENDACE KD	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):	Phone number (optional): 208-337-6087
nature:	Secretary of State use only

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49/19/2001 45:00
CK: CASH CT: 151442 BH: 419848
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