

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME LED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

07 MAR 21 AM 11:53

2. The true name(s) and business address(es) business under the assumed business name Name Stephen J. Nelson	of the entity or individual(s) doing : Complete Address
3. The general type of business transacted under	315 N. Sable Ln. Roise Id.83
	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
COPY IS (if other than # 4 above):	Phone number (optional): Secretary of State use only

IDAHO SECRETARY OF STATE

63/21/2007 05:00

CK: CASH CT: 158010 BH: 1841323

1 8 25.80 = 25.80 ASSUM NAME # 2

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