

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned M/R 15 All 9: 32

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

business is: N.O.W. Spray Service			
2. The true name(s) and business address(es) of the elbusiness under the assumed business name: Name Robert M Olson 1433 W.		Complete Address	
X Services ☐ Agriculture☐ Manufacturing ☐ Mining☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: **ROBERT M. OLSON** 1433 W QUENN** **ROCATEUO, ED 83201**		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	Phone number (optional): (208) 716-1276	
		Secretary of State use only	
Printed Name: Robert M Olson Capacity/Title: Partner	corpVormslabn formslabn.p65 Revised 04/2003	IDAHO SECRETARY OF STATE 03/15/2006 05:0 CK: 654 CT: 158010 BH: 94329	