27	
CERTIFICATE	OF M
ASSUMED BUSINE	OF ESS NAME
Pursuant to Section 53-504, Idaho C submits for filing a certificate of Assu	ode, the undersigned
Please type or print logily	
NOTE: See instructions on reverse	
	STATE AF & SIME
business is:	e undersigned use(s) in the transaction of
EXTERIOR DESIG	
<ol><li>The true name(s) and business addres business under the assumed business</li></ol>	s(es) of the entity or individual(s) doing name:
Name	Complete Address
- NICK NELSON	1929 N. LINCOLN
	POST FAILS, ID 83854
	<u></u>
3. The general type of business transactor	
<ol> <li>The general type of business transacted</li> </ol>	I under the assumed business name is:
Retail Trade 🔲 Transporta	tion and Public Utilities
Construction	on
Services Agriculture	
🗋 Manufacturing 🗌 Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
4. The name and address to which future	
correspondence should be addressed:	Secretary of State 700 West Jefferson
	Basement West
1929 N. LINCOLN	PO Box 83720
VOST FAILS, FUS	Boise ID 83720-0080
93854	208 334-2301
5. Name and address for this acknowledge	
COpy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only
1.1.	58
inature:	uda a
nted Name: Nick NELSON	al form
	IDAHO SECRETARY OF STATE
pacity/Title:	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	0//28/2003 05:00
	CK: 1335 CT: 158010 BH: 69319 1 0 25.00 = 25.00 ASSUM NAME
	D67464