CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

01 NOV -2 M

To the SECRETARY OF STATE STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF S	
1. The assumed business name which the undersigned use(s) in the transaction of business is: NUTUKKES CIC. COM	
2. The true name(s) and business address(est business under the assumed business name Name	, , , ,
3. The general type of business transacted un (mark only those that apply) Retail Trade Manufacturing Myholesale Trade Agriculture Services Construction	
4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West
copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
nted Name: JKN LIND pacity: 01 164	IDAHO SECRETARY OF STATE 11/02/2001 05:00

Sig

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(see instruction # 8 on back of form)

CK: 1262 CT: 153148 BH: And 1 8 20.00 = 20.00 ASSU

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