

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Kirby in Post Falls

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Address
<u>Nancy Nelson</u>	<u>808 N. Spokane St.</u>
<u>Nancy Nelson</u>	<u>Post Falls, ID 83854</u>

3. The general type of business transacted under the assumed business name is:

#7 + #9 Sales + Service of Used Vacuuming
See categories on the reverse

4. The name and address to which correspondence should be addressed:

Kirby in Post Falls (Nancy Nelson)
808 N. Spokane St. Post Falls, ID 83854

Signed Nancy Nelson

By Nancy Nelson

Capacity Owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE

06/16/1999 09:00
CK: 1631 11/1/1995 11/22/93

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Revision 10/98

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STATE OF IDAHO