

Capacity/Title:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2012 NOV 23 AM 9: 20

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	STATE ()= (DAH()
 The assumed business name which the undersign business is: 	ned use(s) in the transaction of
. 11 \	(e
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name A J Nelson Aka Arlanh J Nelson Aka JoAnne Nelson	entity or individual(s) doing Complete Address He'Da Espresso Sunvise Road Onneysterry ID 83805
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: A J Nelson 6308 Mc Call St Lot 18 Donners terry ID83605	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Printed Name: 14, 1, Ne Son	
Capacity/Title: Owner Operator	
Signature:	IDAHO SECRETARY OF STATE 11/26/2012 05:00 CV: 12539 CT: 276539 BH: 1348733
Printed Name:	1 8 25.00 = 25.00 ASSUM NAME # 2

D159387