

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2807 FED 12 731 9:31

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

The assumed business name which the undersigned use(s) in the transaction of business is: Or (1) Or (1) Or (1)	
Mattie Jos Gifts	and Reliu Products
2. The true name(s) and business address(es) of the elbusiness under the assumed business name: Name Laura Joan Nielsen Matthew L. Nielsen	entity or individual(s) doing Complete Address 840 West Clark Pocafello Idaho 83204
3. The general type of business transacted under the assumed business name is:	
Retail Trade	
ServicesManufacturingMiningFinance, 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: Laura Joan Nielsen Matthew L. Nielsen 840 W. Clauk	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (308) 233-8744
	Secretary of State use only
Signature: <u>Laura Joan Nielsen go</u>	0108103
Printed Name: Lawa Joan Nielsen 1800 Printed Nam	TRAIN PERPETABLE PER ATATE
Printed Name: Lawa Joan Nielsen Capacity/Title: 10 - 0 Wh ev (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 02/12/2007 05:00 CK: 306733 CT: 209571 BH: 1032165 1 0 25.00 = 25.00 ASSUM NAME # 7