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## CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business business under the assumed business.	address(es) of the entity or individual(s) doing usiness name:
Name	Complete Address
Shirley K. Nations	PO Box 2321
***************************************	Eagle, ID 83616
Wholesale Trade Company Compan	h future Idaho Secretary of State 450 N 4th Street PO Box
1950 N. Parkforest Way	
<u> </u>	
Eagle, ID 83616  5. Name and address for this act copy is (if other than # 4 above):	knowledgment  Secretary of State use only

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