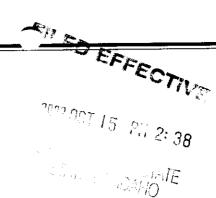


## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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 assumed business name which the under business is:	
Nelson Satellite and	Enterta.nment
2. The true name(s) and business address(es) o business under the assumed business name:  Name	: Complete Address
Leon Nelson	747 Locust ST.
	Twinfalls 10 83301
3. The general type of business transacted under	er the assumed business name is:
Wholesale Trade Construction	and Public Utilities
Services	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Leon Nelson	PO Box 83720 Boise ID 83720-0080
747 Locust St Twin Falls 10 83301	208 334-2301
5. Name and address for this acknowledgment	nt Phone number (optional):
COpy is (if other than # 4 above):	208-733-33/0
DL EVans Bank	
P.D. Box 87 TWIN TOUS ID 8 3303	Secretary of State use only
Signature: Lean Mula (signature required)	IDAHO SECRETARY OF STATE  10/16/2002 05:00  CK: 958428 CT: 24885 BH: 576138  1 2 20.00 = 20.08 ASSUM NAME # 2
Printed Name: <u>Leon Nelson</u>	IDAHO SECRETARY OF STATE  10/16/2002 05:00  CK: 958428 CT: 24885 BH: 576138  1 8 28.89 = 20.08 ASSUM NAME # 2
Capacity/Title: Owner	1 9 20.00 = 20.00 H350N NHNC W C
(see instruction # 8 on back of form)	1 111 V