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CERTIFICATE OF	FILED/EFFECTIVE
ASSUMED BUSINESS	
Pursuant to Section 53-504, Idaho Code, the undersigned UCL TO EN 0.00 submits for filing a certificate of Assumed Business Name. Please type or print legibly. STATE OF IDAHO	
Please type or print legibly.	STATE OF IDAHO
NOTE: See instructions on reverse before filing.	
<ol> <li>The assumed business name which the und business is:</li> </ol>	lersigned use(s) in the transaction of
AFFORDABLE SPRINKLERS	
<ol> <li>The true name(s) and <u>business</u> address(es) business under the assumed business name</li> </ol>	· · · · ·
Name	Complete Address
MARK ALAN NELSON	1910 ST. HELENS
	POST FALLS, ID 83854
JASON T. NELSON	1910 ST. HELENS, POST FALLS, ID 83854
Wholesale Trade X Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>MARK ALAN NELSON</u> 1910 ST. HELENS POST FALLS, ID 83854 5. Name and address for this acknowledgme	and Public Utilities Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 nt Phone number (optional):
COPY IS (if other than # 4 above):	208-777-2114
	Secretary of State use only ଞ
Signature: <u>Mark Alam Mularn</u> Printed Name: <u>MARK ALAN NELSON</u> Capacity: <u>PARTNER</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE         IDAHO SEC