FILED EFFECTIVE



Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2015 DEC 31 PM 1: 09

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Spiffyman			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	David Nielsen	2094 N. Vizcaya Pl. Eagle, ID 83616		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	Retail Trade Wholesale Trade		☐ I ransportation a	and Public Utilities
	X Services	☐ Manufacturing	<u> </u>	nce, and Real Estate
				.,,
4.	Mailing address for futur	re correspondence:	5. Name and address for copy is (if other than # 4):	this acknowledgment
	David Nielsen			
	(Name)		(Name)	
	2094 N. Vizcaya Pl. (Address)	 _	(Address)	
	Eagle, ID 83616		, manually	
	(City)	(State) (Zipcode)	(City)	(State) (Zipcode)
Π.,	inted Name: David Nielse	ah !		
М	inted Name. Fund The local		Secretary of S	tate use only
Signature: // //			IDAHO SECRETARY OF STATE 12/31/2015 05:00	
Pr	inted Name:		CK:3481702 CT:	172099 BH:1506475 00 ASSUM NAME #3
Si	gnature:		<u> </u>	en werder munic Ac
Printed Name:			0183	457

Rev. 08/2015