

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 MAR 27 AM 9: 02

Please type or print legibly. Instructions are included on back of application.

2.	Nichols Computer & Installation Service The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
	<u>Name</u>	Complete Address
	Anthony Nichols	706 W 15th Ave, Post Falls, ID 83854
	Sara Nichols	
3.	Wholesale Trade Construction	der the assumed business name is: and Public Utilities
	■ Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Nichols Computer & Installation Service 706 W 15th Ave, Post Falls, ID 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than #4 above):	

IDAHO SECRETARY OF STATE 03/27/2015 05:00

CK:2148 CT:308219 BH:1468192 $10\ 25.00 = 25.00$ ASSUM NAME #2

177877

Signature: Jana

Capacity/Title: Owner

Printed Name: Sara Nichols