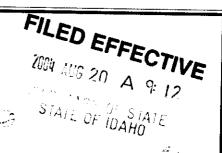


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Nielsen and	Olsen Insurance
2. The true name(s) and business address(e business under the assumed business na Name Nielsen Financial Group, INC (C-148948)	es) of the entity or individual(s) doing me: Complete Address 2038 S Eagle Rd., Meridian, ID 83642
3. The general type of business transacted u	nder the assumed business name is: n and Public Utilities
 ☑ Wholesale Trade ☑ Services ☑ Manufacturing ☑ Mining ☑ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Nielsen and Olsen Insurance 2038 S Eagle Road Meridian, ID 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional): 208-288-1690
	Secretary of State use only
nature: (lacl) (signature required) nted Name: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE OB/20/2004 05: CK: 1199 CT: 158010 BH: 76 1 @ 25.00 = 25.00 ASSUM MA