

## CERTIFICATE OF ASSUMED BUSINESS NAME

09 APR 17 AM 8:41

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

<ol> <li>The assumed business name which the und business is:</li> <li>I L SERVICES</li> <li>The true name(s) and business address(es</li> </ol>	) of the entity or individual(s) doing
business under the assumed business nam	
Name	Complete Address
JON NELJON	PO BOX 433 PAUL, ID. 83347
LONA NELJON	SAME
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  NELION Po Box 433	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
PAUL ID. 83347	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
gnature: (see instruction # 8 on back of form)	1DANO SECRETARY OF STATE  94/17/2909 95:00  CK: 1766 CT: 236243 BH: 1166457  1 9 25.99 = 25.88 ASSUM NAME #

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