

**FILED****CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 99 JUN 21 AM 9:02  
gives notice of adoption of an Assumed Business Name.1. The assumed business name which the undersigned use(s) in the transaction of  
business is:NIELSON'S PRINTING SERVICE2. The true name(s) and business address(es) of the entity or individual(s) doing  
business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
M. NOEL NIELSON	153 EAST 200 NORTH PRESTON, ID 83263
ANGELA I. NIELSON	153 EAST 200 NORTH PRESTON, ID 83263

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future Phone number (optional): (208) 852-1123  
correspondence should be addressed:

M. NOEL NIELSON  
153 EAST 200 NORTH  
PRESTON, IDAHO 83263

5. Name and address for this acknowledgment  
copy is (if other than #4 above):

U. S. BANK NATIONAL ASSOCIATION  
1 SOUTH STATE P.O. BOX 352  
PRESTON, IDAHO 83263

**Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:**

**Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301**

*Secretary of State use only**Signature: M. Noel Nielson**Printed Name: M. NOEL NIELSON ANGELA I. NIELSON**Capacity: OWNERS/OPERATORS*

(see instruction #8 on back of form)

**IDaho SECRETARY OF STATE**06/21/1999 09:02  
CK: 1296189 CT: 117838 BH: 227278

1 e 20.00 = 20.00 ASSUM NAME # 2

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