



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
2004 AUG 20 A 9:38
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

NILSSON CONSTRUCTION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

John R. Nilsson

1662 Christopher Ln., Moscow, ID 83843

Sheryl W. Nilsson

1662 Christopher Ln., Moscow, ID 83843

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

John R. Nilsson

1662 Christopher Ln., Moscow, ID 83843

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

Zions First NATIONAL Bank
105 S. Main
Moscow, ID 83843

Phone number (optional):

2088824581

Signature:

John R. Nilsson
(signature required)

Printed Name:

John R. Nilsson

Capacity/Title:

OWNER/operator

(see instruction # 8 on back of form)

Secretary of State use only

9-504-1 (revised 04/2003)

IDAHO SECRETARY OF STATE
08/20/2004 05:00
CK: 262087064 CT: 70700 BH: 761952
1 @ 25.00 = 25.00 ASSUM NAME # 2

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