



# 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

MAY 11 12 37 PM '01

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Nostalgic Advertising and Wood Specialties

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

<u>Name</u>	<u>Complete Address</u>
<u>Gordon Lawrence Mills</u>	<u>8315 Winchester Dr.</u>
<u>JETTE LYNNIE MILLS</u>	<u>8315 Winchester Dr.</u>
	<u>Boise, ID 83704-7062</u>

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input 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:

Gordon L. Mills  
8315 Winchester Dr.  
Boise ID 83704-7062

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

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

Phone number (optional):

208-377-3917

Secretary of State use only

IDAHO SECRETARY OF STATE

05/11/2001 09:00  
CK: 3058 CT: 146291 IN: 396671

1 @ 20.00 = 20.00 ASSUM NAME # 2

D45262

g:\compforms\abn forms\abn.p65  
Revised 01/2001

Signature: Gordon L. Mills

Printed Name: Gordon L. Mills

Capacity: OWNER

(see instruction # 8 on back of form)