

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2012 JUL -2 AM 9: 25

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

business is:	h the undersigned use(s) in the transaction of
The true name(s) and <u>business</u> add business under the assumed busine Name      Trent Nielson  Shelly Nielson	dress(es) of the entity or individual(s) doing ess name:  Complete Address  437 S 50 W  Malta, ID 83342
Retail Trade Transp	acted under the assumed business name is: portation and Public Utilities
Services Agricu  Manufacturing Mining  Finance, Insurance, and Real	g Submit Certificate of Assumed Business
The name and address to which fut correspondence should be address     Shelly Nielson	Secretary or State
2251 E 1500 S Malta, ID 83342	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ledgment
ignature: Mulland	Secretary of State use only
rinted Name: Shelly Nielson	
apacity/Title: owner ignature: rinted Name:	IDAHO SECRETARY OF STATE  07/02/2012 05:00  CK: 1881 CT: 271973 BH: 1338481  1 0 25.08 = 25.00 ASSUM NAME # 2
anacity/Title:	

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