

CERTIFICATE OF ASSUMED BUSINESS NAME

20(5.7)

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

	ARS ON REQUEST
Name N& T ENTERPRISES, LLC	ress(es) of the entity or individual(s) doing ss name: Complete Address 546 S. TETON AVE., SUGAR CITY, ID 83448
W35858	
Retail Trade Trance Con Wholesale Trade Con Services Agricular Manufacturing Min Finance, Insurance, and Retail The name and address to which correspondence should be address to Washington N&T ENTERPRISES, LLC 546 S. TETON AVENUE	re Secretary of State
SUGAR CITY, ID 83448 5. Name and address for this acknown copy is (if other than # 4 above): ALLIED FINANCIAL SERVICES, PLLE	
P.O. BOX 674	Secretary of State use only
REXBURG, ID 83440 gnature: (signature required) THAD HOLLIST	Security Security
pacity/Title: MEMBER	IDAHO SECRETARY OF STAT 91/10/2005 05: CK: 3699 CT: 87111 BH: 78
(see instruction # 8 on back of form)	1 @ 25.00 = 25.00 ASSUM N