

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 SEP 24 AM 8: 33 SECRETARY OF STATE OF IDAHO

Please type or print legibly.

2. The true name(s) and business address business under the assumed business name	(es) of the entity or individual(s) doing
business under the assumed business n Name	, ,
Jeff Nelson	Complete Address 338 Ruth Ave Idaho Falls, ID 83401
Rebecca Nelson	336 Ruth Ave. Idaho Falls, ID 83401
3. The general type of business transacted ☐ Retail Trade ☐ Transportat ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: ☐ Jeff Nelson ☐ 338 Ruth Ave. ☐ Tabbo Falls, ☐ Safot	Submit Certificate of Assumed Business
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
nature: Oeff Nelson (signature required)	IDAHO SECRETARY OF STATE 9/24/2008 05 # 6 CK: 4854 CT: 229988 BH: 1137 1 # 25.00 = 25.00 ASSUM NAM
ted Name: Jeff Nelson	IDAHO SECRETARY OF STATE 99/24/2008 05 (CK: 4854 CT: 229988 BH; 1137