

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 APR 17 PH 3: 00

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

SECRETARY OF STATE STATE OF TOAHO

	The assumed business name which the un business is: NN Dev	velopments
2.	The true name(s) and <u>business</u> address(es business under the assumed business nan <u>Name</u> Phillip G McKeen	
3.	• • • • • • • • • • • • • • • • • • • •	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Phillip G McKeen 7 Hidden Ridge Ln, Boise, Id 83716	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	•nt
		Secretary of State use only
_	ed Name: Phillip G McKeen	
Capa Signa	acity/Title: Owner ature:ed Name:	IDAHO SECRETARY OF STATE 94/17/2012 05:00 CK: 338992 CT: 158010 BH: 1320214 1 0 25.00 = 25.00 ASSUM NAME # 2
	acity/Title:	D154911

abn.pmd Rev 07/2010 D 15 4 91