

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

97 DEC -8 PM 2:45
SECRETARY OF STATE
STATE OF IDAHO

FILED

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

TRIPLE N TRANSPORTATION

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

Name	Address
<u>NOEL N. NELSEN</u>	<u>1045 WTAH GOODING, ID 83330</u>
<u>KRISTY K NELSEN</u>	<u>1045 WTAH GOODING, ID 83330</u>

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

TRANSPORTATION
See categories on the reverse

4. The name and address to which correspondence should be addressed:

NOEL N. NELSEN
1045 WTAH GOODING, ID 83330

Signed [Signature]

By [Signature]

Capacity _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Revision 10/96

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Secretary of State use only
IDAHO SECRETARY OF STATE
12/08/97 05:00
CK: 448 CT: 90818 BH: 61673

1 @ 20.00 = 20.00 ASSUM NAME

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