(see instruction #8 on back of form)



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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 filling. FILED/EFFECTIVE

01 OCT -4 PH 2: 08

STATE OF IDAHO

ALPINE SURVIVAL GR	out
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
<u>Name</u>	Complete Address
CARL W. NELSON POBO	x 2440, SUN VALLEY, 10 85353
3. The general type of hucinose transacted under the	a appurped business name is:
<ol> <li>The general type of business transacted under the</li> </ol>	s assumed Dusiness Hame is:
Retail Trade Transportation and P	Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
correspondence should be addressed.	Basement West
CARL W. NEBON	PO Box 83720
PO BOX 2440	Boise ID 83720-0080
SUNVALLEY, ID 83353	208 334-2301
	Phone number (optional):
5. Name and address for this acknowledgment	i none number (optionar).
COPY IS (If other than # 4 above):	<del></del>
	Secretary of State use only
Carly 1 file	
inature: Carlw. Dela-	
nted Name: CARL IN NELSON  pacity: OKINER	IDAHO SECRETARY OF STATE 10/04/2001 05:

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