Capacity: 0wner

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUN	MED BUSINESS NAME
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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.		
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es business under the assumed business nam	• • • • • • • • • • • • • • • • • • • •
	Name Walter C. Nelson P	Complete Address 2.0. Box 88 Gooding, ID 83330
3.	The general type of business transacted un (mark only those that apply) Retail Trade	
4.		rhone number (optional):
	Walter C. Nelson P.O. Box 88 Gooding	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signatu	ire. Waller E Jelson	IDAHO SECRETARY OF STATE 94 94/26/2009 69:00 CK: 1877 CT: 130011 BH: 319706
Printed	Name: Walter C. Nelson	월 1 8 28.86 = 20.88 ASSUM NAME # 2

D 35152