

# 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.



APR 29 3 45 PM '97  
SECRETARY OF STATE

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

T. K. DISTRIBUTORS

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	Complete Address
<u>RANDY K. NELSON</u>	<u>P.O. BOX 15596, BOISE, 83715</u>
<u>ROSALIE D. NELSON</u>	<u>SAME</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

RANDY OR ROSA NELSON  
2321 ANNETT  
BOISE, ID. 83705

5. Name and address for this acknowledgment copy is (if other than # 4 above):

\_\_\_\_\_  
\_\_\_\_\_

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 04/29/1997  
0900 87608 2  
CX #: 3858 CUST# 79778  
ASSUM NAME 10 20.00= 20.00

# : D

Signature:

Randy K. Nelson

Printed Name:

RANDY K. NELSON

Capacity:

GENERAL MANAGER

(see instruction # 8 on back of form)