

## 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.

2016 MAR -7 AM 10: 28

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

SECRETARY OF STATE

Mopar1973Man.Com  2. The true name(s) and <u>business</u> address	ess(es) of the entity or individual(s) doing
business under the assumed business	s name:
<u>Name</u>	Complete Address
Michael S. Nelson	5525 Highway 95 New Meadows, Idaho 83654
3. The general type of business transact	ted under the assumed business name is:
	rtation and Public Utilities ction
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real E	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed Michael S. Nelson     5525 Highway 95 New Meadows, Idaho 8369	Secretary of State d: 450 North 4th Street PO Box 83720
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
	Secretary of State use only
gnature: Michael S. Nelson	IDAHO SECRETARY OF STATE 03/07/2016 05:00
apacity/Title: Owner	CK: 7924 CT:158010 BH:1517259
gnature:	16 25.00 = 25.00 ASSUM NAME ;
inted Name:	
apacity/Title:	D184988