

FILED/EFFECTIVE



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 53-604, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

NEILSON FAMILY HOMES

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
Kiel S. Neilson

Complete Address

HC 36 Box 8A Albion ID 83311

Kaylen (Kelli) H. Neilson

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

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☐ Services	☒ Construction	☐ Mining

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

Phone number (optional): (208) 673-5350

Kiel Neilson

HC 36 Box 8A

Albion, ID 83311

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

D.L. Evans Bank

P.O. Box 517

Albion, ID 83311

Signature

Printed Name: KIEL S. NEILSON

Capacity: OWNER, PRESIDENT

(see instruction # 8 on back of form)

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise, ID 83720-0060
208 334-2301

Secretary of State use only

DEPT SECRETARY OF STATE

87/19/2000 09:00

CH. NO. 12 8 17-12-02 - 000 12-02

1 8 20.00 - 20.00 AMOUNT PAID

334758

D37593