



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

98 MAR 10 AM 8:44

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE
STATE OF IDAHO

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

NORTHWEST BILLING SERVICES

- 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>BARBARA PERKINS</u>	<u>16575 SWEET-OLA RD, OLA, ID 83657</u>
<u>BILLI PERKINS</u>	<u>1220 SWEET-OLA RD, SWEET, ID 83670</u>

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

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

- The name and address to which future correspondence should be addressed: Phone number (optional): _____

NORTHWEST BILLING SERVICES
1220 SWEET-OLA RD
SWEET, IDAHO 83670

- 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

Signature: Barbara Perkins

Printed Name: BARBARA PERKINS

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 1/98
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Secretary of State use only
IDAHO SECRETARY OF STATE

03/10/1998 09:00
CX: 1246 CT: 95473 BH: 89242

1 @ 20.00 = 20.00 ASSUM NAME

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