

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

(see instruction # 8 on back of form)

submits for filing a certificate of Assumed Bu	isilless ivalle.
Please type or print legibly.	m - ig
NOTE: See instructions on reverse before	e filing.
	A A
1. The assumed business name which the und	ersigned use(s) in the transaction of io
business is:	oroiginad dos(o) iii iio iiainadaaa
NW CUSTOM MADE	
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name	e:
Name	Complete Address
SCOTT A. RUSHO - OWNER	509 WHICKEYTACK RD
TAMARA N. KUSHO - OWNER	SANDADINT, ID 83864
3. The general type of business transacted und	der the assumed business name is:
5, g	
Retail Trade Transportation	and Public Utilities
☐ Wholesale Trade ☐ Construction	ļ
Services Agriculture	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
NW CUSTOM MADE	PO Box 83720
BO9 WHISKEYTACK RO	Boise ID 83720-0080 208 334-2301
0 0 0 0	200 334-2301
SANDADINT, ID 83864	
Name and address for this acknowledgment	nt Phone number (optional):
COPY is (if other than # 4 above):	(208) 263-3144
	(CC)/NOS S. 1 1
	Secretary of State use only
Signature Staff # Work	1771313
Signature: (Signature required)	IDAHO SECRETARY OF STATE ### OBJ
Printed Name: Scott A. Kusho	IDAHO SECRETARY OF STATE
	03/18/2004 05:00
Capacity/Title:	CK: 6320 CT: 158010 BH: 733875 1 0 25.00 = 25.00 ASSUM NAME # 2
	8 1 0 25.00 = 25.00 ASSUM NAME # 2