



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 APR 16 AM 10:40

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

NORTHERN LIGHT ARTWORKS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

KAREN C. LESSER

P.O. BOX 109, STANLEY, IDAHO 83278

DAVID R. LESSER

P.O. BOX 109, STANLEY, IDAHO 83278

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

KAREN C. LESSER

P.O. BOX 109

STANLEY, IDAHO 83278

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

Phone number (optional):

(208) 774-3819

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

KAREN C. LESSER

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

g:\compforms\idm form\idm.pd5
Revised 04/2003

IDAHO SECRETARY OF STATE
04/16/2007 05:00
CK: 5090 CT: 158018 BH: 1847491
10 25.00 = 25.00 ASSUM NAME # 2

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