Ø002/002

7	FILED EFFECTI
CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed <u>Please type or print legibly.</u> Instructions are included on back of ap	S NAME the undersigned Business Name. SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the u business is: Northwest 	Indersigned use(s) in the transaction of Retail Solutions
2. The true name(s) and <u>business</u> address(e <u>business</u> under the assumed business na <u>Name</u> Buford Howell	
 3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 	on and Public Utilities n Submit Certificate of Assumed Business
 4. The name and address to which future correspondence should be addressed: Buford Howell P.O. Box 973 Hayden, Idaho 83835 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Enfd Handl	Secretary of State use only
Signature: what the and	,