



CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 MAR 24 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

44 DEGREES NORTH

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

JUDY KIRKLAND

238 POTTER LN. MCALL ID 83638

BETSY WOODS

PO BOX 1301 MCALL ID 83638

SUE FOSTER

P.O BOX 275 NEW MEADOWS ID 83654

KELSIE BALDWIN

P.O BOX 2022 MCALL ID 83638

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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

JUDY KIRKLAND

238 POTTER LN

MCALL ID 83638

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

SIGNATURE Kelsie Kirkland Baldwin
CAPACITY OWNER Kelsie Kirkland-Baldwin

Signature: Judy Kirkland

Printed Name: JUDY KIRKLAND

Capacity/Title: OWNER

Signature: Betsy Woods

Printed Name: Betsy Woods

Capacity/Title: OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE
03/24/2011 05:00
CK: 5155 CT: 256952 BH: 1265927
1 @ 25.00 = 25.00 ASSUM NAME # 2

Susan C. Foster

SUSAN C. FOSTER
OWNER

D146286