

Capacity/Title:\_

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS NA  Pursuant to Section 53-504, Idaho Code, the undended submits for filing a certificate of Assumed Busines  Please type or print legibly.  NOTE: See instructions on reverse before filing	ersigned s Name.
The assumed business name which the undersign business is:  Northwest Pole Bu	ined use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Jerry Sampson  ———————————————————————————————————	Complete Address  St. Marks Fd. 83861
The general type of business transacted under the Retail Trade	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
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  208 245-4790
Signature:	Secretary of State use only  \[ \begin{align*} \beg