

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 MAR 21 AM 9: 43
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is: Northwest Wholesale	
The true name(s) and business address(es) business under the assumed business name Name Todd M. Bullard	
3. The general type of business transacted und	der the assumed business name is: and Public Utilities
✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ✓ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: Todd M. Bullard 	Secretary of State 700 West Jefferson Basement West PO Box 83720
2450 W. Falling Star Loop Post Falls, ID 83854	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-777-7766
	Secretary of State use only
Signature: Signature required Capacity/Title: Owner Owner Capacity Signature required Capacity Capacity	IDAHO SECRETARY OF STATE ### ### ### ########################