Cl
To

CERT	IFICATE OF ASSU	IMED BUSIN	VESS NAM	ΛE
	(Please type or print legibly.	See instructions	on reverse.)	FI
			On	ri

the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned. gives notice of adoption of an Assumed Business Name The assumed business name which the undersigned use(s) in the transaction business is NORTHERN EQUIPMENT AND SUPPLY The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address 3915 E.THIRD AVE POST FALLS, ID 83854 DON TRUJILLO The general type of business transacted under the assumed business name is (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Agriculture Wholesale Trade Finance, Insurance, and Real Estate Construction Services Mining 208-773-1677 4. The name and address to which future. Phone number (optional) correspondence should be addressed DON TRUJILLO Submit Certificate of Assumed Business 3915 E"THIRD AVE Name and \$20.00 fee to POST FALLS, ID 83854 Secretary of State 700 West Jefferson j

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

Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

Signature:_

Printed Name:

DON TRUJILLO

Capacity

OWNER

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

CK: 6662 CT: 112502 BH: 196837

1 @ 20.88 = 28.88 ASSUM NAME #