

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

10 MAR -2 AM 10- 12

ANI	RS	
The true name(s) and business address(es) business under the assumed business name		
American Name -American Northwest Recovery Solutions Inc	Complete Address P.O. Box 735 Clackamas OR 97015	-
C144106		
Wholesale Trade Construction	and Public Utilities	2 ·
☐ Services☐ Agriculture☐ Manufacturing☐ Mining	Submit Certificate of Assumed Business	
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed:	Idaho Secretary of State 450 N 4th Street PO Box 83720	
American Northwest Recovery Solutions Inc	Boise ID 83720-0080	1.7
P.O. Box 9235	(208) 334-2301	
Name and address for this acknowledgmen copy is (if other than #4 above):	it .	
*	Secretary of State use only	
	TDAHO SECRETARY LAST CONTROL OF THE PROPERTY	i je

(see instruction # 8 on back of form)

CK: 11999 CT: 168886 BH: 1218467 1 0 25.00 = 25.00 ASSUM NAME N