

227



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To 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.

1. The assumed business name which the undersigned uses in the transaction of business is:

North West Office Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Christina Cuen
Edward Cuen

Complete Address

612 N HAINES, BOISE ID 83712
612 N HAINES, BOISE ID 83712

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): _____

Christina Cuen

612 N HAINES

BOISE ID 83712

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

N/A

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
206 334-2301

Secretary of State use only

Signature: [Signature]

Printed Name: Christina A Cuen

Capacity: OWNER

(see instruction # 5 on back of form)

IDAHO SECRETARY OF STATE

10/06/1998 09:00
DA: BOISE 171 134383 94 10:20

10 03.28 = 00.00 ASSUM NAME # 1

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