FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 06 DEC 12 AM II: 26 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

SECRETARY OF STATE

NOTE: See instructions on reverse before filing.	STATE OF IDAHO
IThe assumed business name which the undersigned	l use(s) in the transaction of
business is:  NMW Logistics	
111W 1091311ES	
. The true name(s) and business address(es) of the el	ntity or individual(s) doing
business under the assumed business name:  Name	Complete Address
Revita K. HOGAN	•
702 44 AUE NORTH	
NAMPA Id 83687	
The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pub  Wholesale Trade Construction	DIC Utilities
<ul> <li>Wholesale Trade  ☐ Construction</li> <li>✓ Services  ☐ Agriculture</li> </ul>	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
I. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
(RENITO K. HOGAN)	PO Box 83720
702 NY AUE NORTH	Boise ID 83720-0080
NAMOA II 83687	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COpy is (if other than #4 above).	
	Secretary of State use only
\$	
nature: Senita K. Hogan  nted Name: RENITA K. HOGAN  pacity/Title: Sole PROVITER	
nature: XXIIII (aignature required)  nted Name: RENITA K, HOGAN	
nted Name: KENITA R. MOJAN	IDAHO SECRETARY OF STATE 12/12/2006 05:0
pacity/Title:Sole PROPHER \$	CK: CASH CT: 156818 BH: 161

CX: CASH CT: 156818 BH: 1819142 1 8 25.88 = 25.88 ASSUM NAME 8 2

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