



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.

2003 APR -9 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

North Kountry

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

Name

Complete Address

Thomas B. Walt

P.O. Box 462, Athol, Id 83801

Denise C. Henderson

Same

3. The general type of business transacted under the assumed business name is:

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

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

North Kountry

P.O. Box 462

Athol, Id. 83801

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
208 334-2301

Phone number (optional):

Secretary of State use only

1064575

Signature: Denise C. Henderson
(signature required)

Printed Name: Denise C. Henderson

Capacity/Title: Partner

(see instruction # 8 on back of form)

g:\corporate\abn forms\abn.pdf
Revised 09/2002

IDAHO SECRETARY OF STATE
04/21/2003 05:00
CK: 1018 CT: 169309 BH: 675059
1 @ 25.00 = 25.00 ASSUM NAME 12

FILED EFFECTIVE