

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 APR 10 AM 9 08

APADETTA STATE ASSESSMENT

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: North Idaho Merchants 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address North Idaho Women's Softball, Inc. 402 E 5th Ave Post Falls ID 83854 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Charlayne Streeter, 402 E 5th Ave Boise ID 83720-0080 Post Falls, ID 83854 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: Charlagne Printed Name: Charlayne Streeter Capacity/Title: Director Signature: IDAHO SECRETARY OF STATE Printed Name: 04/10/2014 05:00

D170365

CK: 500 CT: 295520 BH: 1419677

Capacity/Title: