

Capacity:

(see instruction # 5 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2007 NUS -8 AM 8: 52

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

. FIN DE STATE SENTE EN TOAHO

D 57170

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is: American Morthwest	o use(s) in the transaction of OUTGOORS
2. The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name Tim Wells New	Complete Address Custer Rd. Plymouth, ID. 83655
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same AS #2	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (cp::cnail: (208) 278-5326
	Secretary of State use only
Signature: Well S	IDAHO SECRETARY OF STATE 08/08/2002 05:00 CK: 4119 CT: 158819 BH: 481618