

Capacity/Title: 10-0WNER

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

Click here to clear form.

FILED EFFECTIVE

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Please type or print legibly. Instructions are included on back of application.

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The assumed business name which the under business is: North Corner Commun.	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name Name Our A Sorensen MATHEN Sorensen	of the entity or individual(s) doing
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: OLIVIA SORENSEN LIOZ 10+3 AVE NORTH PAYETTE 1D 83(461)	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Olu S	Secretary of State use only
Printed Name: OLIVIA SORENSEN Capacity/Title: OWNER Signature: WANTEN SORENSEN Printed Name: MANTEN SORENSEN	IDAHO SECRETARY OF STATE 12/13/2013 05=00 CK: 1704 CT: 158010 BH: 1401614 1 8 25.00 = 25.00 ASSUM NAME # 2