

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 26 PH 12: 13 submits for filing a certificate of Assumed Business Name.



Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the undersigned use(s) in the transaction of	
business is: Northern LAND	
The true name(s) and business address(es) of the ent business under the assumed business name: Name	tity or individual(s) doing Complete Address
DAVID R. HINKSON RA	
3. The general type of business transacted under the assumed business name is:	
Retail Trade	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): Z 0 4 9 26 4 2 9 3
	Secretary of State use only
Signature: Signature required) Printed Name: DAVID R. HINKSON Capacity/Title: NAME OF RAFOR (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/26/2002 05:00 CK: 4292 CT: 158010 BH: 653396 1 8 28.98 = 28.98 ASSUM HAME # 2

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