



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 OCT -8 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

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:

MOSCOW TOOLS

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
<u>Laura Wold</u> ^{same}	<u>603 W. Palouse Rv Dr. #58</u>
<u>Doug Morford</u>	<u>MOSCOW ID 83843</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

603 W. Palouse Rv. Dr. #58
MOSCOW, ID, 83843

5. Name and address for this acknowledgment copy is (if other than # 4 above):
- _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Laura Wold
Printed Name: Laura Wold
Capacity/Title: Manager
Signature: Doug Morford
Printed Name: Doug Morford
Capacity/Title: _____

IDAHO SECRETARY OF STATE
10/08/2014 05:00
CK:2109 CT:301941 BH:1444382
1@ 25.00 = 25.00 ASSUM NAME #2

D114185