

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

11 MAY -9 AM 9: 30

D147470

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE

STATE OF IDAHO

	North Idaho Coffee
The true name(s) and <u>business</u> business under the assumed b <u>Name</u> Ethan D. Wells	address(es) of the entity or individual(s) doing siness name: Complete Address P.O. Box 273, Sagle, Idaho 83860
✓ Retail Trade ☐ Trade ☐ Wholesale Trade ☐ Crade ☐ Crade ☐ Arms ☐ Manufacturing ☐ Manufacturi	nsacted under the assumed business name is: nsportation and Public Utilities nstruction riculture ning Submit Certificate of Assumed Business
Finance, Insurance, and 4. The name and address to which correspondence should be address. Ethan Wells PO Box 273 Sagle, ID 83860	future Secretary of State
5. Name and address for this ack copy is (if other than # 4 above):	owledgment
Mala	Secretary of State use only
ignature: Ethan D. Wells	
rinted Name: Ethan D. Wells Capacity/Title: owner/sole proprietor	
ignature:	TRAILD OFFITADY OF STATE
rinted Name:	05/09/2011 05:00
Capacity/Title:	1 8 25.80 = 25.00 ASSUM WAME #

abn.pmd Rev. 07/2010