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CERTIFICATE (OF
ASSUMED BUSINE	SS NAME FILED EFFECTIVE
Pursuant to Section 53-504, Idaho Cod submits for filing a certificate of Assume	
Please type or print legibly Instructions are included on back of	
 The assumed business name which the business is: Nordic by Nature 	e undersigned use(s) in the transaction of
 The true name(s) and <u>business</u> address business under the assumed business r 	
Name	Complete Address
Nathan A. Hansen	1860 N. Willamette Dr.
<u></u>	Post Falls, ID 83854
 Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Nordic by Nature 1860 N. Willamette Dr. Post Falls, ID 83854 	e Submit Certificate of Assumed Business
 Name and address for this acknowledge copy is (If other than # 4 above): 	ment
Signature:	- Secretary of State use only
Printed Name: Nathan A. Hansen	
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature:	
Printed Name:	
Capacity/Title:	-
/2012 abn.pmd Re	D178276

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