

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2012 JAN 30 PM 3:58

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:

News Bonners Ferry.

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

Mike Weland

35 Clifty View Road, Bonners Ferry, ID 83805

Debra Weland

35 Clifty View Road, Bonners Ferry, ID 83805

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

News Bonners Ferry

35 Clifty View Road

Bonners Ferry, ID 83805

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

Secretary of State use only

Signature: [Signature]

Printed Name: Mike Weland

Capacity/Title: Publisher

Signature: Debra A Weland

Printed Name: Debra Weland

Capacity/Title: Business Manager

IDAHO SECRETARY OF STATE
01/31/2012 05:00
CK: 890857 CT: 172099 BH: 1308539
1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev 07/2010

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