



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2007 JUL 20 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

RYSON NORTHWEST

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

JEFFREY W. ARNOLD

HCR 85 BOX 8152 BONNERS FERRY ID 83805

KAREN ARNOLD

HCR 85 BOX 8152 BONNERS FERRY ID 83805

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

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input checked="" 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 | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

RYSON NORTHWEST

HCR 85 BOX 8152

BONNERS FERRY, ID 83805

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

Phone number (optional):

208-610-9263

Signature: _____

Printed Name: JEFFREY W. ARNOLD

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/20/2007 05:00
CK: 4461 CT: 215585 BH: 1066503
1 @ 25.00 = 25.00 ASSUM NAME # 2

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