227	FILED EFFECTIVE
CERTIFICATE OI	
ASSUMED BUSINESS NAME	
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 7 24 AM 9:43	
Instructions are included on back of application SECRETARY or a	
Please type or print legibly. Instructions are included on back of application. STATE OF IDAHO	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
Northland Co	unseling Services
<ol> <li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
Name	Complete Address
CW Professional Services, LLC.	2238 W. Falling Star Lp. Post Falls, ID. 83854
<u>(W107770)</u>	
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	<b>`</b>
	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed: CW Professional Services, LLC.	450 North 4th Street PO Box 83720
Attn: Christopher A. Wright	Boise ID 83720-0080
2238 W. Falling Star Lp. Post Falls, ID. 83854	208 334-2301
5. Name and address for this acknowledgme	nt
COPY IS (if other than # 4 above).	
	Secretary of State use only
Signature:	
Printed Name: Christopher A. Wright	
Capacity/Title: Manager	
Signature:	
Printed Name:	IDANO SECRETARY OF STATE
Capacity/Title:	10/24/2011 05:00 CK: 1049 CT: 263562 BH: 1295366 1 8 25.00 = 25.00 ASSUM NAME # 3
abn.pmid Rev. 07/2010	

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