

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

12 APR -2 AN 9:1

SECRETARY OF STATE OF IDA 10

Please type or print legibly.

Instructions are included on back of application.

NW AF	PPRAISALS
The true name(s) and <u>business</u> address(e business under the assumed business name Name David Noonan	• • • • • • • • • • • • • • • • • • • •
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Same As Above David Noonan 120 E. Lake St. Suite 319, Sandpoint, ID 83864	Submit Certificate of Assumed Business
o. Name and address for this acknowledgme copy is (if other than # 4 above): Same as #4	
nature Postky var	Secretary of State use only
ted Name: David Noonan	
pacity/Title: Owner	TABLE OFFICETADY BE STATE
	IDAHO SECRETARY OF STATE 04/02/2012 05:00 CK: NO CK # CT: 158818 BH: 1317

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