Capacity:

(see instruction # 8 on back of form)

1.	CERTIFICATE OF ASSUM (Please type or print legibly. S) To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an Asterial The assumed business name which the unbusiness is:	TE OF IDAHO TO CODE, the ssumed Busi dersigned us	ns on reverse 1 FILED/EFFECTIVE 10 Condensigned 10 Condensigne
	Northwestern	Contr	actors
2.	The true name(s) and business address(es business under the assumed business name Name Howard	ne is/are:	y or individual(s) doing mplete Address 2 th Ave RD. #/
	The general type of business transacted un (mark only those that apply) Retail Trade	g	ansportation and Public Utilities ance, Insurance, and Real Estate ning
	correspondence should be addressed: 1105 12th Ave R.D. #1 WAMPA, 113 5368C	none numbe	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signatur		S Revision 1/98	Secretary of State use only IDAHO SECRETARY OF STATE 05/17/2000 09:00 CK: 2665786 CT: 1832 BH: 318683 1 8 28.88 = 28.88 ASSUM NAME # 2