



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

2005 JAN 31 AM 10:21

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY
STATE OF IDAHO

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

Northwest Adjustable Beds

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

Buitenpost Inc., -C133267

357 Blue Lakes Blvd N. #13

Ron Folkinga

Twin Falls, ID 83301

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Northwest Adjustable Beds

357 Blue Lakes Blvd N. #13

Twin Falls, ID 83301

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

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

Phone number (optional):

208-735-1141

Signature: Ron Folkinga

(signature required)

Printed Name: _____

Ron Folkinga

Capacity/Title: _____

President

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/31/2005 05:00
CK: 1 CT: 158018 BH: 790132
1 @ 25.00 = 25.00 ASSUM NAME # 2

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