

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

2004 MAR 10 AM 9:01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Native Metal Works

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

Mark E. Poole

502 W 15th, Post Falls Id 83854

Kelle R. Poole

502 W. 15th, Post Falls Id 83854

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 | |

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:

Mark E. Poole

502 W 15th

Post Falls Id 83854

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

same as above

Phone number (optional):

208 691 4492

Secretary of State use only

Signature: _____

Mark E. Poole
(signature required)

Printed Name: Mark E. Poole

Capacity/Title: Co-Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/10/2004 05:00
CK: 7444 CT: 158010 BH: 732122
1 @ 25.00 = 25.00 ASSUM NAME # 2

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