

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Owner

(see Instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF	**************************************
ASSUMED BUSINESS  Pursuant to Section 53-504, Idaho Code, the usubmits for filing a certificate of Assumed Businesse type or print legibly.  NOTE: See instructions on reverse before	undersigned iness Name.
The assumed business name which the under business is:  Northwest Wo	
. The true name(s) and business address(es) o business under the assumed business name:	
Name Mark Thoeny	Complete Address 202 17th, Post Falls, Idaho 83854
The general type of business transacted unde  Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
correspondence should be addressed:	450 N 4th Street PO Box 83720
Mark Thoeny	Boise ID 83720-0080
202 17th	(208) 334-2301
Post Falls, Idaho 83854  5. Name and address for this acknowledgment copy is (if other than #4 above):	
Hayden Lake ID 83835	Secretary of State use only

12/17/2007 05:00 CK: 3748268358 CT: 158018 BH: 1098089 1 0 25.00 25.00 ASSUM NAME # 2

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