CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse)

To	Pursuant to Section 53-504, Idah	OF IDAHO 98 111 27 of Code, the undersigned	M 2: 14
1. The as busine	gives notice of adoption of an Ass sumed business name which the und ss is: NORTHCOUNTRY HOM	ersigned use(s) in the trai	F STATE Isaellon of
"	NUKINCUUNIKY NUM	<u>ــــــــــــــــــــــــــــــــــــ</u>	.
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
H	ARNIE SILVA	219 A 147H ST	<u>s</u>
	COOURDIALENE ID 83814-4723		2011-1177
		DUNCOME ID	13614-4101
The general type of business transacted under the assumed business name is: (mark only those that apply)			
□ w	etail Trade	☐ Transportation as ☐ Finance, Insuran ☐ Mining	nd Public Utilities ce, and Real Estate
4. The name and address to which future Phone number (optional): 208 667 6497 correspondence should be addressed:			
NOR	EARCOUNTRY HOMES	Submit Certif	
<u> </u>	1 NI4TH ST	Assumed Bu Name and \$2	3 1
COE	UR DIALENTE 10.83814-4727	Secretary of	State
5. Name and address for this acknowledg		700 West Jef	ferson
	(if other than # 4 above):	Basement W PO Box 8372	
		Boise ID 837 208 334-230	
		Secretary of S	
		TROUD CECOSTO	
Signature:	En Sil	97/27/15 CX: 2613 CT: 18	
Printed Name: FILVA &			
Capacity: P	(B) DENT	D (C	991
(se	ee instruction # 8 on back of form)	ŽĘ.	