

## **CERTIFICATE OF** ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2804 OCT -4 AM 10: 08

SECRETARY STATE OF TOAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

Northern Li	ghts Promotions
The true name(s) and business address(e business under the assumed business name     Name     Barbara Maas	s) of the entity or individual(s) doing ne: Complete Address PO Box 126 Midvale, ID 83645
/   \ - · · ·   - · · · · · · · · · · · · · ·	nder the assumed business name is:
<ul> <li>✓ Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>✓ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:     Northern Lights Promotions     PO Box 855	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Council, ID 83612  5. Name and address for this acknowledgment copy is (if other than #4 above):	208 334-2301  Phone number (optional):  208-365-1946
	Secretary of State use only
gnature: 150 100 (signature required) inted Name: 3HRBHRH INHHS apacity/Title: CCONER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  1.0/04/2004 05:00  1.0/04