



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE  
07 OCT 30 AM 10:13  
SECRETARY OF STATE  
STATE OF IDAHO

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

North Idaho Energy Logs, INC

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

North Idaho Energy Log, INC

Complete Address

1300 1500 Roosevelt

C 175631

P.O. Box 571

Moyle Springs, ID 83845

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade          | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

North Idaho Energy Log, INC

P.O. Box 571

Moyle Springs, ID 83845

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: Tom Oxford

(signature required)

Printed Name: Tom Oxford

Capacity/Title: owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\certform\idm\form\idm\idm.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/30/2007 05:00  
CK: 5593 CT: 00366 BH: 1003019  
1 @ 25.00 = 25.00 ASSUM NAME # 5

D 116318