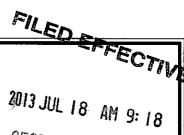


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.



SECRETARY OF STATE STATE OF IDAHO

The assumed business name business is:	nich the undersigned use(s) in the transaction of
NWPOA.org	
2. The true name(s) and <u>busing</u> business under the assumed Name North West Property Owners All	Complete Address
3. The general type of busines Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance, a	nsacted under the assumed business name is: nsportation and Public Utilities nstruction riculture ning Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to we correspondence should be a NWPOA POB 540 Athol, ID. 83801	Secretary of State
5. Name and address for this a copy is (if other than #4 above):	owledgment
Signature: Bob Bingham	Secretary of State use only
Capacity/Title: Director	
	IDAHO SECRETARY OF STATE
Signature:	07/18/2013 05:00
Printed Name:	1 0 25.00 = 25.00 ASSUM MAME # 2
Capacity/Title:	

N 164585