

D 2615

**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Northslope Ranches

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

NameComplete AddressThe Michael S. Telford andShannon J. Telford Children'sRoute 2, Box 2568TrustPaul, Idaho 83347

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

c/o Michael S. TelfordRoute 2, Box 2568Paul, Idaho 83347

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

c/o Michael S. TelfordRoute 2, Box 2568Paul, Idaho 83347

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Michael S. TelfordPrinted Name: MICHAEL S. TelfordCapacity: OWNER

(see instruction # 8 on back of form)

Revised 2/97  
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IDAHO SECRETARY OF STATE

DATE 03/25/1997

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CK #: 1749 CUST# 70106

ASSUM NAME 1@ 20.00= 20.00

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