

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

## FILED/EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing.

OI HIM 25 PH 2: 12

	0130823 111 - 12
1. The assumed business name which the unders	igned use(s) ក្រុំក្រុំដូច្នាក់ក្នុងក្រៅបែក of
Northern Lights b	Velding
The true name(s) and <u>business</u> address(es) of t business under the assumed business name:	he entity or individual(s) doing
Logan Matlen	Complete Address P.o. Box 140023
	Garden City, ID  83714
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Logan Matten  P.O. Box 140023  Garden Citt, ID 83744  5. Name and address for this acknowledgment copy is (if other than #4 above):	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  Phone number (optional):
Signature: Matlen  Printed Name: Logan Matlen  Capacity: Owner	Secretary of State use only  100HO SECRETARY OF STATE  06/25/2001 09:00  CX: 2/51111843 CT: 148848 BH: 484764  1 28.08 = 28.80 ASSUM NAME # 2
(see instruction #8 on back of form)	V44727