

Printed Name: Henry

(see instruction # 8 on back of form)

Capacity/Title: U√

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

06 FEB 21 PM 12: 59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is:  Northwest Plst Cond	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Villgirt U48	Complete Address  WHAVASU FAILS ST.
3. The general type of business transacted under the Retail Trade Transportation and Pour Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-761-6179
gnature: (singsture required)	Secretary of State use only

corp/forms\abn forms\ab Revised 04/2003

IDAHO SECRETARY OF STATE

02/21/2006 05:00

CK: 732749 CT: 172099 BH: 938740
1 0 25.00 = 25.00 ASSUM NAME # 2

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