

## 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.

Post Falls Auction Center	
The true name(s) and business address(e business under the assumed business na Name  North Idaho Auctions, Inc	es) of the entity or individual(s) doing time:  Complete Address  1557 N. Tanzanite St. Post Falls, ID 83854
The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
The name and address to which future correspondence should be addressed:  North Idaho Auctions, Inc.	Secretary of State 700 West Jefferson Basement West PO Box 83720
1557 N Tanzanite St.	Boise ID 83720-0080 - 208 334-2301
Post Falls, ID 83854	
. Name and address for this acknowledge copy is (if other than # 4 above):	nent Phone number (optional): 208-457-8650
CODE TO INCUIS MAINT TRACTOR	200-107-0000

toms/abn.

Signature

Printed Name:

(signature required)
April M. Wetherelt

Capacity/Title:

President

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

03/11/2005 05:00

CK: 101 CT: 158010 BH: 798089
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