



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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

115 NOV -3 2005 9:18

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

North 40 Custom Cabinetry and Fine Woodworking

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

Name

Complete Address

Doug Welch

PO Box 1011, Emmett, ID 83617

Peter Oxley

PO Box 1011, Emmett, ID 83617

3. The general type of business transacted under the assumed business name is:

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

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

Peter Oxley

PO Box 1011

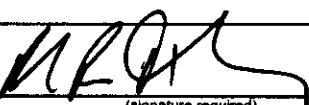
Emmett, ID 83617

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

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

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

Phone number (optional):

Signature: 
(signature required)

Printed Name: PETER OXLEY

Capacity/Title: Partner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
11/03/2005 05:00
CK: 821 CT: 158010 BH: 920373
1 @ 25.00 = 25.00 ASSUM NAME # 2

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