## FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2010 JUL 16 PM 2: 04

SEURETARY OF STATE STATE OF IDAHO

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

Please type or print legibly. Instructions are included on back of application.

<u> </u>	orestry Northwest
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Brian DeMers	ess(es) of the entity or individual(s) doing so name:  Complete Address  PO Box 531 Kootenal Idaho 83840
	ted under the assumed business name is: rtation and Public Utilities
Services Agricult  Manufacturing Mining  Finance, Insurance, and Real E	Submit Certificate of Assumed Business
<ol> <li>The name and address to which futu correspondence should be addresse Forestry Northwest</li> </ol>	
PO 531 Kootenai Idaho 83840	208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above).	dgment
	Secretary of State use only
gnature:	
nted Name: Brian DeMers	
pacity/Title: Owner	
griacoro.	IDAHO SECRETARY OF STATE
rinted Name:	97/16/2010 05:0

abn,pmd Rev.07/2010

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