



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.

03 MAY 12 PM 3:36

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Integrity Northwest

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

Rebecca S. Spiker

P.O. Box 140493, Boise, Idaho 83714

Michael K. Spiker

P.O. Box 140493, Boise, Idaho 83714

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 type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Integrity Northwest - Rebecca Spiker

P.O. Box 140493

Boise, Idaho 83714

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

Phone number (optional):

384-5942

Signature: Rebecca S. Spiker

(signature required)

Printed Name: Rebecca S. Spiker

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn forms\abn.pdf Revised 04/2003

IDAHO SECRETARY OF STATE
05/12/2003 05:00
CK: 1197 CT: 158018 BH: 680190
1 @ 25.00 = 25.00 ASSUM NAME # 2

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