



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

North West Wholesale

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

Name

Complete Address

Philip J. Monitz

7509 Sweet River Dr. C.D.A. Idaho 83815

Carolyn S. Monitz

7509 Sweet River Dr., C.D.A. Idaho - 83815

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☒

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☐

Services

☐

Construction

☐

Mining

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

Phone number (optional): (208) 762-9254

Philip J. Monitz

7509 Sweet River Dr.

C.D.A. Idaho 83815

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

Same

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Signature: Philip J. Monitz

Printed Name: Philip J. Monitz

Capacity: President

(see instruction # 8 on back of form)

Revision 1/88

g:\corpforms\staten p05

Secretary of State use only
IDAHO SECRETARY OF STATE

06/01/1999 09:00
CK: 4487 CT: 116195 BH: 221315

1 @ 20.00 = 20.00 ASSUM NAME # 2

026438

FILED

1999 JUN - 1 AM 9:20

STATE OF IDAHO