D109350

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 MAR 15 AM 8:59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAMO

The assumed business name which the undersigned use(s) in the transaction of business is:	
North Country Marketing	
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Name Kimberley A. Olson Rose	Complete Address 535 N. Meyer Rd T Falls, Talaho 83854
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pul Wholesale Trade Construction	olic Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: North Country marketing 2635 N. Meyer Rd Post Falls Idako 83854	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): 208-77/-/953
Same	Secretary of State use only
ignature: Are cold O SON Son Sanacity (Title: O(1) A) & C	IDAHO SECRETARY OF STATE 03/15/2007 05:00 CK: 2417 CT: 210919 BH: 1040167