

Printed Name:

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 OCT 25 PH 12: 40

SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the frankacion of business is: North Central Idaho CISM 2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): Sojourner's Alliance Inc. 627 N Van Buren St. Moscow, ID. 83843 (Address) (Name) Address (Name) (Address) (Name) (Name) (Address) 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Construction Retail Trade Agriculture Wholesale Trade Mining Manufacturing Finance, Insurance, and Real Estate X Services 5. Name and address for this acknowledgment Mailing address for future correspondence: CODY IS (if other than #4): Chris Jacks (Name) (Name) 1245 Idaho Street (Address) (Address) ID. 83501 Lewiston (State) (Zipcode) (City) (State) (Zipcode) (City) Printed Name: Chris Jacks Secretary of State use only Signature: IDAHO SECRETARY OF STATE Printed Name: 10/25/2017 05:00 CK: 15023948 CT: 172099 BH: 1609037 Signature:_ 1@ 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015

Dr.