



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 SEP 24 AM 10:23

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Mill Direct Sales

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------------------|-------------------------|
| <u>Tri-Pro Forest Products</u> | <u>1122 E. Hwy 2</u> |
| <u>C170951</u> | <u>Oldtown, ID</u> |
| | <u>83822</u> |

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Tri-Pro Forest Products
1122 E. Hwy 2
Oldtown, ID 83822

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

N/A

Signature: Dan Linton

Printed Name: Daniel Steven Linton

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
09/25/2012 05:00
CK: 1234 CT: 274593 BH: 1341081
1 @ 25.00 = 25.00 ASSUM NAME # 2

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