AT ED	
CERTIFICATE OF ASSI (Please type or print legibly	UMED BUSINESS NAME . See instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, I gives notice of adoption of an	TATE OF IDAHO
The assumed business name which the business is:	undersigned use(s) in the transaction
- North Idaho	Woodworks
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
Michael A MacAlery	Po Box 162 Sandpoint, ID8384. Po Box 162, Sandpoint, ID 8384
lanya M. MacAlery	Po. Box 162, Sandpoint, ID 83864
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
Sandpoint, ID 83864	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than #4 above): Same as #4	Secretary of State 700 West Jefferson nt Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	DANG SEKRET AKT DE STATE
Signature: Mile W. M.	10/12/2000 09:00 CK: 1% CT: 137132 BH: 354074
Printed Name: Mike Mac Alexy	1 0 20.00 = 20.00 ASSUM NAME # 2
Capacity: DR SIDE	99 039628

(see instruction # 8 on back of form)