

## **CERTIFICATE OF**

ASSUMED BUSINESS INAIVIE

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

WE JAN 22 AM 9: 16

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

The assumed business name which the und business is:      NTC \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  PRR, Lynn Wood	
3. The general type of business transacted und  Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Serve as about	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional): 509.939-9410
	Secretary of State use only
Signature:  (signature required)  Printed Name:  Capacity/Title:  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  11/22/2008 05:00  CK: 3730582467 CT: 158010 BH: 1095658  1 0 25.00 ASSUM NAME # 2