

## **CERTIFICATE OF**

EP FO EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME 2006 JAN 19 PM 12: 30 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name SECRETARY CESTATE OF INTERM.

e instructions on reverse before filing.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse perore filtr	ing.
The assumed business name which the undersigned use(s) in the transaction of business is:  Northern CraftSmen	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Michael Joseph Michael 7/8	Complete Address 3 Mars Golch <u>Kelloggs Td 83</u> 839
NAJarie LowRain Michaud 718	mon Gulch Rd Kellogg Francis 83837
3. The general type of business transacted under	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Mike Mike Michaed  7/8 Moon Gulch Rd  Kellogs I Dato, 83837   5. Name and address for this acknowledgment copy is (if other than # 4 above):	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  Phone number (optional):  (208) 783-2857
	Secretary of State use only
Signature: Mchard (signature lequired)  Printed Name: Michael Michael  Capacity/Title: Owners  (see instruction # 8 on back of form)	EDAHO SECRETARY OF STATE  601/19/2006 05:00  CK: 1994 CT: 158010 BH: 932968  1 0 25.00 = 25.00 ASSUM NAME # 2

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