



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2004 JUL -9 PM 2:13

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

North West IT Solutions

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

Grant T Wilson

Complete Address

3037 Howard St.
Coeur d'Alene, ID
83814

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" type="checkbox"/> Construction |
| <input checked="" 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:

Grant T Wilson
3037 Howard St.
Coeur d'Alene, ID 83815

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

BANK OF AMERICA
FREEWAY BRANCH 896503
W. 501 Appleyway
Coeur d'Alene, ID 83814
(208) 667-3537

Signature: [Signature]
(signature required)

Printed Name: Grant T Wilson

Capacity/Title: Owner

(see instruction # 8 on back of form)

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):

208-764-8926

Secretary of State use only

IDAH0 SECRETARY OF STATE
07/09/2004 05:00
CK: 3758335468 CT: 158018 DH: 754708
1 @ 25.00 = 25.00 ASSUM NAME # 2

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Revised 04/2003

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