Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 FEB 21 AM 10: 33

	Timing 100. \$20.00.	ዕሮላቦ ነር ተለያአፈ ረነድ ዕፒልፑ ሮ
1.	The assumed business name which the undersigned	SECRETARY OF S TATE ed use(s) in the transaction of business is:
	North Country Woods	
	Moien Country woods	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):	
	(Name) (Address)	FORD RA DONNERS TEERS LAVING
	Dopothe Unnuh 1187 Exford	Rd Bonners Ferry Idaho
	(Name) (Address)	
	(Name) (Address)	
	(Name) (Address)	
_		
3.	The general type of business transacted under the	assumed business name is:
	☐ Retail Trade ☐ Construction ☐ Agriculture	☐ Transportation and Public Utilities
		
1	Mailing address for future correspondence:	Name and address for this acknowledgment
-7.	Maining address for future correspondence.	COpy is (if other than #4):
	Charton Unsuh	
	(Name) / (Na	(Name)
	1/17 Exford Rd BE # 8	(Address)
i	Bonners FERRY Id 83805	
	(City) (State) (Zipcode)	(City) (State) (Zipcode)
Dri	nted Name: ClayTon Unnuh	Secretary of State use only
		Secretary of State use only
Signature: (Souton Murul		IDAHO SECRETARY OF STATE 02/21/2017 05:00
Pri	inted Name: Dorothy Unruh	CK:1582 CT:158010 BH:1569795
	gnature: Drecotly Lunch	1@ 25.00 = 25.00 ASSUM NAME #3
		D 192284
Pri	nted Name:	10 1100

Rev. 08/2015