



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 FEB 26 AM 8:49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

NW Finish & Trim

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

| Name                  | Complete Address              |
|-----------------------|-------------------------------|
| <u>Jason Stenseth</u> | <u>2745 E Salt Springs Ct</u> |
|                       | <u>Post Falls, ID. 83858</u>  |
|                       |                               |

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 type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

~~(208) 334-2301~~

4. The name and address to which future correspondence should be addressed:

2745 E Salt Springs Ct  
Post Falls, ID 83858

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Jason Stenseth  
(signature required)

Printed Name: Jason Stenseth

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

s:\comp\forms\labn\_forms\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
02/26/2010 05:00  
CK: 1016 CT: 150010 BH: 1209074  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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