## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned



1.	The assumed business name which the business is:  NORTHWEST TRACIA	_	• ,
2.	business under the assumed business name is/are:		
	Name		Complete Address
	MARK J. OLLER	2416 N	. MONTANA ANE CALDULL ID 831
	TENA M. OLLER	S0	ime.
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	☐ Retail Trade       ☐ Manufacture         ☐ Wholesale Trade       ☐ Agriculture         ☐ Services       ☐ Construction		Transportation and Public Utilities Finance, Insurance, and Real Esta Mining
4.	The name and address to which future correspondence should be addressed:  MARK & TENA OLLER  2416 N. MONTANA AVE.		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	CALDWELL, ID 83605		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
	ire Jena M Oller	Revision 2/97	IDAHO SECRETARY OF ST DATE 03/19/199

Printed Name: TENA M. OLLER

(see instruction # 8 on back of form)

Capacity: Somesa

CX #: 5423 ASSUM NAME 10 20.00= 20.00

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