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CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2012 DEC 18 PH 1: 32

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the unbusiness is:	dersigned	duse(s) in the transaction of
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name Innovative Northwest Consultants, LLC		
3.	The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: INC 609 North Calgary Court, Suite 7 Post Falls, Idaho 83854		Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt '	
Printe	ture: Nancy E. Nick	aar-	Secretary of State use only
•	ture:		IDAHO SECRETARY OF STATE
Printed Name:			12/18/2012 05:00 CK: 1227553 CT: 172099 BH: 1351918 1 0 25.00 = 25.00 ASSUM NAME # 2
∪apa(city/Title:	ľ	* F FAGA FALSO DEGAL HUNT & F

abr.pmd Rav, 07/2010

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