## **CERTIFICATE OF ASSUMED BUSINESS NAME**

SECRETARY OF STATE
STATE OF IDAHO

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

Please type or print legibly.

	Instructions are included on back of appl	ication.	
	The assumed business name which the und business is:	ersigned use(s) in the transaction of	
	Rathdrum Martial Arts		
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name  North West Martial Arts, Inc.  (C. 186411)	• • • • • • • • • • • • • • • • • • • •	
3.	<ul> <li>Wholesale Trade</li> <li>□ Construction</li> <li>□ Agriculture</li> <li>□ Manufacturing</li> <li>□ Mining</li> </ul>	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business	
4.	Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Mike Szotkowski  PO BOX 1164  Sandpoint, ID. 83864	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 acknowledgment copy is (if other than # 4 above):	t IDAHO SECRETARY OF	STATE
Printe	ed Name: Mike Szotkowski	SARAPS 42014 Amp 5:00 CK:4282 CT:299827 BH:1436285 10 25.00 = 25.00 ASSUM NAME #2	
Capa	city/Title: President	0173025	
Signa	ture:		
Printe	ed Name:		