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CERTIFICATE OF	
Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed E	he undersigned
Please type or print legibly.	SECRETARY OF STATE
Instructions are included on back of app	olication. STATE OF IDAHO
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
TM [Defense
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
<u>Name</u>	Complete Address
Northwest Land Partners Management	PO Box 190 Star, ID 83669
(C183409) Corporation	
 Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Dustin Busmann PO Box 190 Star, ID 83669 Name and address for this acknowledgmer COpy is (if other than # 4 above): Dustin Busmann PO Box 190 	n and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Star, ID/ 83669	Secretary of State use only
Signature: MAM	
Printed Name: Dustin Busmann	
Capacity/Title: President	IDANO SECRETARY OF STATE
Signature:	88/09/2012 05:00 TX: 193846 CT: 172899 BH: 1335342
Printed Name:	1 0 25.00 = 25.00 ASSUM NAME 0 2
Capacity/Title:	7157373

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