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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 gives notice of adoption of an Assumed Business Name.				
1	. The assumed business name which the business is: NorthIdaho-				
2	. The true name(s) and business address business under the assumed business r Name Carol Simmons	æme⊯s/are: <u>C</u>	ity or individual(s) do Omplets Address Harrison, ID 83833		
3.	The general type of business transacted (mark only those that apply)	under the ass	umed business nam	e is:	
	Retail Trade Manufacture Wholesale Trade Agriculture Services Construction The name and address to which future	ing Ti	ransportation and Pu nance, insurance, ar ining	ıblic Utilities	
	correspondence should be addressed: Carol Simmons		Submit Certificate Assumed Busines	of	
	PO Box 112 Harrison, ID 83833		Name and \$20.00 Secretary of State	fee to:	
5.	Name and address for this acknowledgme copy is (if other then if 4 above):	ent	700 West Jefferso Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	n	
			Secretary of State use	only	
jnatu	ro: Carol Simmono	1	IDANO SECRETAR	y of state	

66/25/2601 69:06 CK: 7387 CT: 132314 BH: 484653

1 8 20.00 = 20.00 ASSUM NAME # 2

D46354

Sig

Printed Name: Carol Simmons

Capacity: President

(see instruction # 8 on back of form)