CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.)  To the SECRETARY OF STATE STATE OF IDAHO	
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 undersigned use(s) in the transaction of business is:  Northwind Traders	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Roy E. Lakewold Jr. (8625 w. Hamaker Road Barbara R. Lakewold P.O. Bo x 2063 Coeur d'Alene, ID 83816-2063	
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
4. The name and address to which future Phone number (optional). (208)667-6051 correspondence should be addressed:	
Roy and Barbara Lakewold P.O. Box 2063	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Coeur d'Alene, ID 83816-2063  5. Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	I BARO SECRETARY OF "STATE"
Signature: Barbara Lakewold	02/25/1998 09:00 CK: 3716 CT: 94765 BH: 85087 1 0 20.00 = 20.00 ASSUM MAME
Printed Name: Barbara Lakeuold  Capacity: Manager  (see instruction 8 on back of form)	012465