

Signature:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 JUN 14 AM 9: 20

SECRETARY OF STATE

The assumed business name which the up	ndersigned use(s) in the transaction of business is:
Showcase Northwest	
the assumed business name (do not include	isiness address(es) of those doing business under the name you listed in #1): 20 Box 165, Moyie Springs, ID, 83845
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted u Retail Trade Wholesale Trade Services Manufa	uction Transportation and Public Utilities
4. Mailing address for future correspondence Dennis E Helms Jr. P.O. Box 765 (Address) Moyil Springs ID 8384 (City) (State) (Zipco	(Name) (Address) (City) (State) (Zipcode)
Printed Name: Dennis E. Helms	Secretary of State use only
Signature: (IDAHO SECRETARY OF STATE 06/14/2018 05:00
Printed Name:	CK:2754 CT:359157 BH:1648883 1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	D 203399
Printed Name:	

Rev. 08/2015