

CERTIFICATE OF CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name MAR -3 AM 8: 50

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECKE ARY OF STATE OF IDAHO

North Idaho Profe	essional Services
2. The true name(s) and business address(es) business under the assumed business name Name Peter M. Hallock	• • • • • • • • • • • • • • • • • • • •
. The general type of business transacted und	
Wholesale Trade Construction ✓ Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: North Idaho Professional Services 2583 Lakeshore Drive Sagle, ID 83860 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY IS (if other than # 4 above):	
nature: Survey (signey weed head) nted Name: Peter M. Hallock Dacity/Title: Owner (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STA 93/93/2005 05