

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2014 MAY -5 AM 9: 38

SECRETARY OF STATE STATE OF IDAHO

Name	ame: Complete Address
Kori Arthur	300 Monrue St.
·	Salmon, 10 83467
Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: NSideOut Designs 10 8 3 447	Submit Certificate of Assumed Business
5. Name and address for this acknowledgr	ment Phone number (optional):
	208-660-0325
COPY is (if other than # 4 above).	20 000 000

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