

Capacity/Title: Owner

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 FEB 18 AM 8:46

SECRET RRY OF STATE STATE OF IDAYO

## Please type or print legibly. Instructions are included on back of application.

	National Implement
The true name(s) and <u>business</u> addr business under the assumed busines <u>Name</u> Idaho Implement, LLC	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> 217 Cedar St. #187
(W85160)	Sandpoint, ID 83864
Retail Trade Transport Wholesale Trade Constr	
Services Agricu Manufacturing Mining Finance, Insurance, and Real	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed idaho implement, LLC	
217 Cedar St. #187 Sandpoint, ID 83864	208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
0-11	Secretary of State use only
Printed Name: Dahiel Schmit	
Capacity/Title: Owner	ATOTP
Signature: Cynthia Schmit	IDAHO SECRETARY OF STATE  @2/18/2011 @5:06  CK: 1181 CT: 255633 BH: 1268633  CK: 25.89 = 25.88 ASSUM NAME #

abn.pmd Rev. 07/2010

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