

Printed Name: KAILEA

Capacity/Title: DIRECTOR OF OPERATIONS

(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.

06 NOV -7 AM 10: 49

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Morthwestern Mutual Inve	stment Services
The true name(s) and business address(es) of the ebusiness under the assumed business name: Name	entity or individual(s) doing Complete Address Shareline De
The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: Northwestern Mutual Investment P.O. Box 81027 Boice, Id 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208 - 383 - 0210

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IDAHO SECRETARY OF STATE
11/07/2006 05:00
CX: 1807 CT: 113731 BH: 1011891
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