

Printed Name:

Capacity/Title: DUNER

(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.

08 OCT -9 AM 9: 00

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the uno business is:	dersigned use(s) in the transaction of
NOITH PACIFIC PAIN	ITING
The true name(s) and business address(es business under the assumed business name Name	o) of the entity or individual(s) doing ne: Complete Address
MARTIN J TORWAN	POBOX 2508
	HAHEY ID 83333
3. The general type of business transacted un	der the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: WOUTH PACIFIC PACUT PO. BOX 2208 HALLEY FD. B3333 5. Name and address for this acknowledgments	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
COPy is (if other than # 4 above):	•
MARTIN J TORWAN	
4.0.BOX 2308	Secretary of State use only
HAILEY ID 833333	594
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IDAHO SECRETARY OF STATE
10/09/2008 05:00
CK: 1021 CT: 230433 BH: 1139420
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