FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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se type or print legibly.

NOTE: See instructions on reverse before filing.	
The assumed business name which the un business is:	
North State Properties	
2. The true name(s) and business address(establishess under the assumed business name Name Stanley D. Moe	s) of the entity or individual(s) doing me: Complete Address 1602 E Sherman Arc., #100 Coeur L' Alene, 1D 83814
The general type of business transacted u	under the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same 45 2.	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
 Name and address for this acknowledgr copy is (if other than # 4 above). 	ment Phone number (optional): (208) 667-7940
	Secretary of State use only
Signature: (signature required) Printed Name: Stanley D. Moe Capacity/Title: Owner (signature required)	1 25.06