## FILED EFFECTIVE



Capacity/Title: Owner

(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.

Northern Slope	Apparel
2. The true name(s) and business address(e business under the assumed business na Name  Brende Bartholf Peter Cartholf	
3. The general type of business transacted upon the second	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
Northern Slope Apparel Po. Box 484 Pavette, 10 83661	Boise ID 83720-0080 208 334-2301
_	208 334-2301

07/01/2005 05:00 CK: 141 CT: 158010 BH: 819110 1 0 25:00 = 25:00 ASSUM NAME # 2

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