



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2007 11 30 16  
SECRETARY OF STATE

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Northwest Vending & Distribution

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Resource Business Enterprise Inc.	9336 W. Driftwood Dr.
C173107	Coeur D'Alene, ID. 83814

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Northwest Vending & Distribution  
9336 W. Driftwood dr.  
Coeur D'Alene, ID. 83814

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: Lisa Houston  
(signature required)

Printed Name: Lisa Houston

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn\_forms\abn.p65 Revised 04/2003

IDAHO SECRETARY OF STATE  
07/31/2007 05:00  
CK: 5161 CT: 213349 BH: 1060237  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D. 113729