

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.

2014 APR 30 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Northern Ponics

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

Troy Cate

PO Box 683

Alyssa Cate

Orofino Id, 83544

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Northern Ponics

PO Box 683

Orofino Id, 83544

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

Signature: Troy Cate

Printed Name: Troy Cate

Capacity/Title: Owner

Signature: Alyssa Cate

Printed Name: Alyssa Cate

Capacity/Title: Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
04/30/2014 05:00

CK:3638504947 CT:158010 BH:1422693
1@ 25.00 = 25.00 ASSUM NAME #2

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