

## **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. Instructions are included on back of application.

2015 JAN -6 PM 2: 01

SECRETARY OF STATE

TJO NorthWest	· · · · · · · · · · · · · · · · · · ·
<ol><li>The true name(s) and <u>business</u> address(e business under the assumed business na</li></ol>	
<u>Name</u>	Complete Address
Ortho NorthWest Inc.	1854 E. Serchio Ct. Meridian idaho 83642
(C204587)	
B. The general type of business transacted uses a Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	on and Public Utilities  Submit Certificate of
Finance, Insurance, and Real Estate  4. The name and address to which future	Assumed Business  Pame and \$25.00 fee to:  Secretary of State
correspondence should be addressed: Richard W. Budge	450 North 4th Street PO Box 83720 Boise ID 83720-0080
1854 E. Serchio Ct. Meridian Idaho 83642	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
nature:	IDAHO SECRETARY OF STATE
nted Name: Richard W. Budge	01/06/2015 05:00 CK:228 CT:218661 BH:145579
pacity/Title: President nature:	16 25.00 = 25.00 ASSUM NAME
nted Name:	
pacity/Title:	D175898