

Capacity/Title:

(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.

Secretary of State **Business Entities** www.idsos.state.id.us/ 2005 NOV 14 PM 1: 52

Please type or print legibly. NOTE: See instructions on reverse before filing

SECRETARY OF STATE

gnature: Taheerale (signalura required) inted Name: Patric'is Wernli special to the second of the	IDAHO SECRETARY OF STATE 11/15/2005 05:00 CK: 4882 CT: 158010 - 8H: 922025* 1 0 -25.00 = 25.00 ASSUM NAME #
5. Name and address for this acknowledgment / copy is (if other than # 4 above).	Phone number (optional): 208 683-361
Retail Trade Transportation and Pull Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 33525 Sheep prints Rod Athor to Construction and Pull Transportation and Pull Tra	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Ath 3. The general type of business transacted under the	e entity or individual(s) doing Complete Address Shorp Springs Rod Oly Tocho 8380/
The assumed business name which the undersign business is: Northwest Superior Ti	
NOTE: See instructions on reverse before filing	STATE OF IDAHO