	FILM,
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS N	NAME
Pursuant to Section 53-504, Idaho Code, the usubmits for filing a certificate of Assumed Busi	inoco Nomo
Please type or print legibly. NOTE: See instructions on reverse before t	filing. SECRETARY OF STATE
<ol> <li>The assumed business name which the under business is:</li> </ol>	rsigned use(s) in the transaction of
Northpoint Busine	ess Advisors
<ol> <li>The true name(s) and business address(es) of business under the assumed business name: Name</li> </ol>	f the entity or individual(s) doing Complete Address
Andrus and Associates, PLLC	637 S Belle Arbor Dr. Idaho Falis, ID 83406
(w9363)	
<ul> <li>3. The general type of business transacted under</li> <li>Retail Trade</li> <li>Transportation an</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>637 S Belle Arbor Dr.</li> <li>Idaho Falls, ID 83406</li> </ul>	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nature: <u>Mullul S (luk</u> (eignature řequired) (ted Name: Michael S Andrus	IDAHO SECRETARY OF STATE 05/24/2010 05 = 00 1 8 25.00 = 250238 BHI 12023
ted Name: <u>Michael S Andrus</u> pacity/Title: <u>President</u>	Image: Constraint of state         Constraint         Constraint
(see instruction # 8 on back of form)	D139497