

Signature: ____

Capacity/Title:

Printed Name:

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

2015 APR -7 AM 8: 36

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: Resolve Personal Coaching 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address **Name** 9030 N Hess St. #251 Chronos Consulting, LLC Havden, ID 83835 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street Chronos Consulting, LLC PO Box 83720 Boise ID 83720-0080 9030 N Hess St. #251 208 334-2301 Hayden, ID 83835 Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: Printed Name: David Clinton III IDAHO SECRETARY OF STATE Capacity/Title: Member

04/07/2015 05:00

CK: 3135 CT: 281181 BH: 1469751 1@ 25.00 = 25.00 ASSUM NAME #3

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