

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE 2816 DEC 13 AH 4: 40

SECRETARY OF STATE

1. The assumed business name which the undersigned use(s) in the transact				of business is:	
StrategicSOS Professional Center					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):				
_	5598 N Eagle, LLC	5598 N Eagle Rd, Boise, ID 83713			
	(Name) W139/67	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3.	3. The general type of business transacted under the assumed business name is:				
	☐ Retail Trade☐ Wholesale Trade☐ Services	Construction Agriculture Manufacturing	Mining	nd Public Utilities	
 4. Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4): 					
	5598 N Eagle Rd, LLC				
	(Name) 5598 N. Eagle Rd., Ste. 102		(Name)		
	(Address) Boise, ID 83713		(Address)		
		ate) (Zipcode)	(City)	(State) (Zipcode)	
Printed Name: Steve Neighbors			Secretary of State use only		
Sig	gnature:				
Printed Name:			12/13/2016 05:00		
Signature:			· ·	22238 BH:1559180 .00 ASSUM NAME #2	
Printed Name:			D19090Le		

Rev. 08/2015