

Signature:

Printed Name: _N | COLE

Capacity/Title: PRESIDE

(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.

Please type or print legibly.

08 NOV 10 AM 9: 33

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: THE TUTOR MILL 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address NICOLE BIANCHI P.O. BOX 363, CLARK FORK, 10 83811 P.O. BOX 363, CLARK FORK, 10 GORDON 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 Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 83811 FORK 10 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

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