

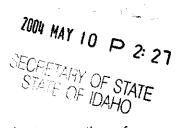
CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



Leading Edge Clients	
2. The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Laura H. Rummele	255 Blue Lakes Blvd. N., #701
	Twin Falls, Idaho 83301
 ✓ Retail Trade ☐ Transportation and Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Leading Edge Clients 255 Blue Lakes Blvd. N., #701 Twin Falls, Idaho 83301 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
rinted Name:	IDAHO SECRETARY OF STATE 95/10/2004 95:40 CK: 2295 CT: 148882 BH: 7446 1 2 25.90 = 25.80 OSSIM MANE