



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR 12 PM 4:55

**SECRETARY OF STATE
STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Pivot Learn

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):

Skills Four, Inc. 199 N Capitol Blvd Apt 906 Boise ID 83702

(Name) (C192088) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Sarah Surabian

(Name)

300 Main St suite 156

(Address)

Boise ID 83702

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

Sarah Surabian

(Name)

199 N Capitol Blvd Apt 906

(Address)

Boise ID 83702

(City)

(State)

(Zipcode)

Printed Name: Sarah Surabian

Signature: *Sarah Surabian*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/13/2018 05:00

CK:660 CT:354397 BH:1631950
1@ 25.00 = 25.00 ASSUM NAME #2

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