

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 22 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

MavenSource

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

Stafftopia, Inc

PO Box 4590

C136708

Hailey, ID 83353

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

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

4. The name and address to which future correspondence should be addressed:

Lisa Wood

PO Box 4590

Hailey, ID 83333

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Lisa Wood

Capacity/Title: \_\_\_\_\_

CEO

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\abn forms\abn.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/22/2008 05:00  
CK: 7645 CT: 140055 BH: 1132794  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D124297