



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 MAY 17 AM 8:50

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Right Path Coaching Academy

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
<u>MIKE STEVENSON</u>	<u>5308 Country Club DR 83204</u>
<u>NATALIE JONES</u>	<u>5308 Country Club DR 83204</u>
	<u>Pocatello Id</u>

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:

MIKE STEVENSON
5308 Country Club Dr
Pocatello, ID 83204

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Michael Stevenson

Printed Name: Michael Stevenson

Capacity/Title: owner/coach

Signature: Natalie Jones

Printed Name: Natalie Jones

Capacity/Title: owner/coach

Secretary of State use only

IDAHO SECRETARY OF STATE
05/17/2013 05:00
CK: 5668 CT: 283258 DH: 1374248
1 @ 25.00 = 25.00 ASSUM NAME # 2

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