

## 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)

18 MAY 28 AM 8: 41

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:  STS Consulting	3		
515 Consulting			<u> </u>
. The true name(s) and business address(es) of business under the assumed business name:	of the er	ntity or individual(s) doing  Complete Address	
Nick Kinnas	3903	S. Duston Place, Boise	<u>8370</u>
The general type of business transacted unde	er the a	ssumed business name is:	3*
Retail Trade Transportation a	nd Pub	lic Utilities	
<ul> <li>Wholesale Trade</li> <li>Services</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
The name and address to which future correspondence should be addressed:		Idaho Secretary of State 450 N 4th Street PO Box 83720	
Nick Kinnas. 3903 S. Duston Place		Boise ID 83720-0080 (208) 334-2301	
5. Name and address for this acknowledgmen	ıt	. <b>.</b>	***
COPY IS (if other than # 4 above):			
		Secretary of State use only	
71:10 76:	shabn p65		34 · 1
nature: (signature required)	corpiformstabn formstabn.p65 Revised 04/2003		in the state of th
nted Name: NICK KINNAS	I≝'≸	TRAUR CEPDETAG	Y OF STATE

CK: 1921 CT: 150018 BH: 12244 1 0 25.00 = 25.08 ASSUM MAME

D 139673