227

FILED EFFECTIVE



Printed Name: __ Capacity/Title: ___

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.
Instructions are included on back of application.

2011 MAY 10 PM 1= 36

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address business under the assumed business Name Prodromos, Inc	Complete Address 5465 E. Terra Linda Way
C172449	Nampa, Id 83687
Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est The name and address to which future correspondence should be addressed: Ethicalpro.com 5465 E. Terra Linda Way Nampa, ID 83687	stion and Public Utilities ion E 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
Name and address for this acknowledgn copy is (if other than # 4 above):	nent
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IDAHO SECRETARY OF STATE 05/10/2011 05:00 CK: 674644 CT: 172099 BH: 1273862 1 0 25.00 = 25.00 ASSUM NAME 1 2