CERTIFICATE OF ASSUMED BUSINESS' (Please type or print legibly. See instructions on reverse.) AL APR-9 PH 2: 25 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the transaction of business is: VALLEY TUTOR 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name CHRISTOPHER BRYAN OGLESBY 2109 GRELLE AVE. LEWISTON, IDAHO 23501 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade **Aariculture** Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 4. The name and address to which future correspondence should be addressed: CHRISTOPHER B OGLESBY Submit Certificate of Assumed Business 2109 GRELLE AVE Name and \$20.00 fee to: LEWISTON ID. 83501 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West**

Signature: Chistophe B Oalny

Printed Name: CHRISTOPHER R OGLESBY

Capacity: OWNER / PRESIDENT

CODV IS (if other than # 4 above).

(see instruction # 8 on back of form)

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

TDAHO SECRETARY OF STATE

04/09/2001 09:00 CK: 1263 CT: 144778 BH: 389971

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