

Signature: \_\_\_\_

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

Printed Name:

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

## <u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

11 JUL 19 AM 9: 02

SECRE BY OF STATE

<ol> <li>The assumed business name which the business is:</li> </ol>	he undersigned use(s) in the transaction of IDAFIO
Riv	verWorks Imaging
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Robert Pleasure	
	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State
Above	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment —
	Secretary of State use only
Signature:	
Printed Name: Robert Pleasure	
Capacity/Title: owner/ sole proprieter	

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE 07/19/2011 05:00 CK: 4486 CT: 260790 BH: 1283839 1 0 25.00 = 25.00 ASSUM MANE # 2