



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned **2014 SEP-12 AM 8:58**
submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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

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

Extreme Payroll Services

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>Extreme Staffing LLC</u>	<u>621 Blue Lakes Blvd</u>
<u>W 93531</u>	<u>Twin Falls ID 83301</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:

Extreme Payroll Services
621 Blue Lakes Blvd
Twin Falls ID 83301

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

Derrick Hope
1062 Warm Springs Rd
Twin Falls ID 83301

Signature: [Signature]

Printed Name: Derrick Hope

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/12/2014 05:00

CK:46043 CT:283899 BH:1441052
1@ 25.00 = 25.00 ASSUM NAME #2

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