

Capacity/Title: Owner

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.

2013 JUN 27 AM 10: 55

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> business under the assumed bu	address(es) of the entity or individual(s) doing
Name	Complete Address
Netacent, Inc	106 N. 6th Street, Suite 21
<u> </u>	Boise, 1D 83702
3. The general type of business tra	nsacted under the assumed business name is:
Retail Trade Tra	nsportation and Public Utilities
	nstruction
	riculture Submit Certificate of
	Assumed Pusiness
☐ Finance, Insurance, and R	eal Estate Name and \$25.00 fee to:
The name and address to which	
correspondence should be addressed:	essed: 450 North 4th Street
	PO Box 83720
	Boise ID 83720-0080 208 334-2301
-	
Name and address for this acknowledge.copy is (if other than # 4 above).	pwledgment
Same	
	
	Secretary of State use only
Signature: 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Printed Name: 15006 Barrott	
Capacity/Title: Owner	
Signature: / Reg	IDAHO SECRETARY OF STATE ———— Ø6/27/2013 Ø5:00
Printed Name: <u>Grega</u> Jahmisian	CK: 1158 CT: 284763 BH: 1379923 1 P 25.00 = 25.00 ASSIM NAME # 3

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