CERTIFICATE OF ASSUMED BUSINESS NAM (Please type or print legibly. See instructions on reverse.)	
(Please type or print legibly. See instructions on reverse.)  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:  The Courselors office.	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:      Name     Complete Address	
William L-Petting.11	13384 W. Bluebouwet Dr. Boise, ID 83>13
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 Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
4. The name and address to which future Phone number (optional): 939-8216 correspondence should be addressed:	
William L- Petting, 11 13384 W. Bluebonnet Dr.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Boise, ID 83)13  5. Name and address for this acknowledgment	
COpy is (if other than # 4 above):	PO Box 83720 / Boise ID 83720-0080 208 334-2301
	1 20.00 = 20.00 ASSUM NAME 1 2
Signature: Amtelling	1 0 20.00 = 20.00 ASSUM NAME 0 2
Printed Name: William Petting. 11	D34862
Capacity: Owner  (see instruction # 8 on back of form)	D 34062