

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2016 JUN 22 PM 2:08

SECRETARY OF STATE  
STATE OF IDAHO

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

The Connecting Link

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Triad Learning Systems *LLC* 408 E. Sherman Avenue Coeur d'Alene ID 83814

(Name)

(Address)

W167730

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Triad Learning Systems *LLC*

(Name)

408 E. Sherman Ave

(Address)

Coeur d'Alene ID 83814

(City)

(State)

(Zipcode)

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

Triad Learning Systems *LLC*

(Name)

P.O. Box 729

(Address)

Post Falls ID 83877

(City)

(State)

(Zipcode)

Printed Name: David Gencarella

Signature: *[Signature]*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

06/23/2016 05:00

CK:3970870 CT:172099 BH:1534556

1@ 25.00 = 25.00 ASSUM NAME #4

D187478