CERTIFICATE OF **ASSUMED BUSINESS NAME**

08 OCT 29 AM 11: 49

Pursuant to Section 53-504, Idaho C submits for filing a certificate of Assur	
Please type or print legibly. NOTE: See instructions on reverse before filing.	
business is:	ne undersigned use(s) in the transaction of
Northern University	
The true name(s) and business address business under the assumed business	
Name	Complete Address
ITT Educational Services, Inc.	13000 N Meridian Street, Carmel, IN 46032
(C4322)	
3. The general type of business transacte	ed under the assumed business name is:
☐ Wholesale Trade ☐ Construc	
Services Agricultu	ure Submit Certificate of
	Assumed Business
Finance, Insurance, and Real E	state Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed	700 West Jefferson
ITT Educational Services, Inc., Attn: Legal Departmen	Basement West PO Box 83720
13000 N Meridian Street	Boise ID 83720-0080
Carmel, IN 46032	208 334-2301
5. Name and address for this acknowled copy is (If other than # 4 above):	dgment Phone number (optional):
	Secretary of State use only
rinted Name: Clark D. Elwood capacity/Title: Senior Vice President / Secretary (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/29/2008 05:00 CK: 15086 CT: 20168 BH: 1142221 1 0 25.00 = 25.00 ASSUM NAME #