



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE
2018 AUG 30 PM 3:13

SECRETARY OF STATE
STATE OF IDAHO

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

Financial Mastery Academy

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):

Masters of Excellence Inc 3383 N. Five Mile Rd, #102, Boise ID 83713

(Name) (Address)

(C219110)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Masters of Excellence Inc

(Name)

3383 N. Five Mile Rd, #102

(Address)

Boise ID 83713

(City)

(State)

(Zipcode)

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

Masters of Excellence

(Name)

3383 N. Five Mile Rd, #102

(Address)

Boise ID 83713

(City)

(State)

(Zipcode)

Printed Name: Knute Kleven

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/30/2018 05:00

CK:20035086 CT:172099 BH:1661673

10 25.00 = 25.00 ASSUM NAME #7

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