

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

2013 JAN -2 AM 8:57
SECRETARY OF STATE
STATE OF IDAHO

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

Cooper Norman CPAs & Business Advisors

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Cooper Norman, Certified Public Accountants,

P.O. Box 5399, Twin Falls, ID 83303-5399

a Professional Limited Liability Company

(W2879)

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

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

4. The name and address to which future correspondence should be addressed:

Ronald L. Belliston

P.O. Box 5399

Twin Falls, ID 83303-5399

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

Worst, Fitzgerald & Stover, PLLC

P.O. Box 1428

Twin Falls, ID 83303-1428

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Ronald L. Belliston

Printed Name: Ronald L. Belliston

Capacity/Title: Member, Ronald L. Belliston, CPA, PA

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
01/03/2013 05:00
CK: 7577 CT: 206593 BH: 1353936
1 @ 25.00 = 25.00 ASSUM NAME # 2

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