



CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

99 JUN 22 AM 8:43

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

The Virtual Trainer

2. 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

Michele M Covino

6736 E. Glacier Drive
BOISE ID 83712

3. 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 correspondence should be addressed:

Phone number (optional)

208 331-9826

Michele Covino

6736 E Glacier Dr.

BOISE ID 83712

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature: Michele Covino

Printed Name: MICHELE COVINO

Capacity: OWNER

(see instruction # 6 on back of form)

Revision 1.00

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IDAHO SECRETARY OF STATE

06/22/1999 09:00
CK: 156 CT: 117135 DH: 227828

1 @ 20.00 = 20.00 ASSUM NAME # 2

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