

Capacity/Title:

Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

227	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed B Please type or print legibly. NOTE: See instructions on reverse before  1. The assumed business name which the uncompared to the submits of	S NAME the undersigned Business Name.  07 DEC 31 AM 8: 52  SECRETARY OF STATE  STATE OF IDAHO
Dusiness is:	
2. The true name(s) and business address(es) business under the assumed business nam Name Provident Freedom, Inc.	esOnly.com  of the entity or individual(s) doing e:  Complete Address 11677 W. President Drive, Boise, ID 83713
3. The general type of business transacted und    Retail Trade	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  Signature:   Signature:   Rebecca Preece	Secretary of State use only  Secretary of State use only  FRANCE COCCAPO Desky

IDAHO SECRETARY OF STATE

01/02/2008 05:00

CK: 1680 CT: 220996 BH: 1092344
1 0 25.00 = 25.00 ASSUM NAME # 2

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