FILED EFFEOTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 JUN 25 AM 11:57

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

0140318

1. The assumed business name which the under	ersigned use(s) in the transaction of
business is:	
Behavior Imaging	Solutions
DCFACTION - THE GTING	-010110115
2. The true name(s) and business address(es)	of the entity or individual/s) doing
business under the assumed business name	• • • • • • • • • • • • • • • • • • • •
Name	
Λ -	Complete Address
CARING TECHNOLOGIES INC	1423 W. HANKLIN ST.
C 163445	BOISE ID &3702
3. The general type of business transacted und	fer the assumed husiness name is:
5. The general type of buomeds transducted and	the accumed business name is.
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
The local of the latest and the latest areas are a second areas are a second and the latest areas are a second and the latest areas are a second and the latest areas are a second areas are a second and the latest areas are a second are a second areas areas areas are	
☐ Services ☐ Agriculture	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
	Idaho Secretary of State
4. The name and address to which future	450 N 4th Street
correspondence should be addressed:	PO Box 83720
1423 W. Franklin St.	Boise ID 83720-0080
(K) (P) (P) \$27()	(208) 334-2301
- DUISC, 1V 03/02	(33, 33, 23, 23, 23, 23, 23, 23, 23, 23,
5. Name and address for this acknowledgmen	•
COpy is (if other than # 4 above).	
oopy to thouse that # 4 above).	
	Secretary of State use only
	290.
Signature: Kanda II.	la l
(signature requirem)	42002
Printed Name: KONALD OBERLEITNER	IDAHO SECRETARY OF STATE 96/25/2010 95:00
000	[8 .ºº - 400 41
Capacity/Title:	1 0 25.00 = 25.00 ASSUM NAME #