

Signature: \_\_\_

**Printed Name:** 

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

09 OCT 30 AM 8: 49

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(beriuper erutanglé)

Jace A. Richards

Secretary

(see instruction # 8 on back of form)

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Strategic & Operational Solutions, Inc.	13601 W. McMillan Rd., Ste. 102-353, Boise 83713
(167634)	
The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	i and i aprio carrios
✓ Services — Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Idaho Secretary of State
The name and address to which future	450 N 4th Street
correspondence should be addressed:	PO Box 83720 Boise ID 83720-0080
SOS	
13601 W. McMillan Rd. Ste. 102-353	(208) 334-2301
Boise, ID 83713	
	ent
Name and address for this acknowledgme	****
Name and address for this acknowledgme copy is (if other than # 4 above):	
· ·	

IDAHO SECRETARY OF STATE
/30/2009 05:00