

FILED EFFECTIVE

227

# 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 Aug 8: 55  
gives notice of adoption of an Assumed Business Name.

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

Educational Services Network of America

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 of America	Complete Address
<u>Educational Services Network</u>	<u>P.O. Box 2994 Post Falls ID. 83854</u>
<u>Jesse Marcel</u>	<u>"</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

ESNA  
P.O. Box 2994  
Post Falls Idaho 83854

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

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

Bank of America  
P.O. Box 787  
Post Falls, ID 83857

Signature: Jesse Marcel  
Printed Name: Jesse Marcel  
Capacity: owner

(see instruction # 8 on back of form)

Revision 2/97  
g:\mpl\forms\stat\pms

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/19/2003 05:00  
CK: 3738436110 CT: 158010 BH: 702535  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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