

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.



SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:							
	SYSTEM	SUPPORT	SERVI	CE	5			
2.		/or entity names ar ness name (do <u>not</u> ii <u>BRANASCHU</u> (Address)	nclude the name	you li	sted in #1):	·		3 <del>4</del> 04
	(Name)	(Address)			<del></del>	<del></del>	<del></del>	
	(Name)	(Address)	<u> </u>					
	(Name)	(Address)						
3.	The general type of business transacted under the assumed business name is:							
	☐ Retail Trade ☐ Wholesale Tra ☑ Services	de 🔲 Ag	onstruction griculture anufacturing		Mining	tation and Publi		
4.	Mailing address for	r future correspond	lence:		lame and addr	ress for this ackr	nowledgment	
	MARGUERITE BRAUNSCHWEIG Name) 2975 BALBOA DRIVE (Address) TDAHO FALLS ID 83404			_	(Name) (Address)			
_	(City)	(State)	(Zipcode)		City)	(State)	(Zipcode)	
	inted Name: MAR				Secr	etary of State use only		
Sig	gnature: <u>cefarques</u>	<u> Degrenocki</u>	ruf		IDA	AHO SECRETARY O	P STATE	
Printed Name:					02/14/2017 05:00			
Signature:					CK:7220 CT:158010 BH:1568723 16 25.00 = 25.00 ASSUM NAME #2			
Pri	nted Name:							
Signature:					D192153			

Rev. 08/2015