



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 APR 11 AM 11:18

SECRETARY OF STATE
STATE OF IDAHO

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

SWITCHCO.IO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Stafftopia, Inc

PO Box 174, Sun Valley, ID 83353

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Lisa Wood

(Name)

PO Box 174

(Address)

Sun Valley, ID 83353

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Lisa Wood

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2016

Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2017 05:00

CK:13186064 CT:172099 BH:1578521

1@ 25.00 = 25.00 ASSUM NAME #2

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