

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 AUG 26 AM 11:22

SECRETARY OF STATE
STATE OF IDAHO**Please type or print legibly.****Instructions are included on back of application.**

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

K9NV

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

NameComplete Address

MARGO SCOLARI

3434 CREEKSID DRIVE

IDAHO FALLS, ID 83404

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

MARGO SCOLARI

3434 CREEKSID DRIVE

IDAHO FALLS, ID 83404

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

INFOTAXSQUARE.COM

7 DAVID AVENUE

HICKSVILLE, NY 11801

Signature: *Margo Scolari*

Printed Name: MARGO SCOLARI

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/26/2010 05:00
CK: 501567 CT: 172099 RH: 1236437
1 @ 25.00 = 25.00 ASSUM NAME # 2