

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 MAY -7 AM 9: 05

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the business is:	undersigned use(s) in the transaction of
Elevate Team	
LIEVARE TEAM	
The true name(s) and <u>business</u> address business under the assumed business n	
<u>Name</u>	Complete Address
Sonja: Associates Real Est	atelne. P.O. Box 2553
(0163809)	Ketchem, 1D
	£334p
The general type of business transacted	Lundor the accumed huciness name is:
	tion and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Esta	Assumed Business
Est manos, mananos, and real Este	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Elevate Team	PO Box 83720
PO BN 2553	Boise ID 83720-0080 208 334-2301
Ketchum, 10 83340	
5. Name and address for this acknowledgm	nent
COPY IS (if other than # 4 above):	
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	_
	Secretary of State use only
gnature: Amia thurt-man	IDAHO SECRETARY OF STATE
inted Name: Sonja Huutsman	05/08/2014 05:00
apacity/Title: President	CK:435 CT:296604 BH:1423756
gnature:	
rinted Name:	D171014
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