

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

2015 AUG 19 AM 8: 34

1. The assumed busin	iess name whi	ch the unders	igned use(s) in the t	STATE OF	OF STATE	is:
Gain Consulting						
2. The individual and/o	-		· -	se doing busi	iness unde	er
Jeff Craven	206	1 Bonnie Dr.		Payette	ID	83661
(Name)	(Aadre	ess)		(C·ty)	(State)	(Zipcode)
Faye Craven	206	1 Bonnie Dr.		Payette	ID	83661
(Name)	(Addre	958)		(City)	(State)	(Zipcode)
(Name)	nobA;	3SS)		(City)	(State)	(Zipcode)
(Name)	(Addr	ess)		(City)	(Ŝlate)	(Zipcode)
<ul><li>Mailing address for Jeff Craven</li></ul>	future corresp	ondence:	<ol> <li>Name and accopy is (if other Faye Craven)</li> </ol>		acknowle	edgment
Name)		(Name)				
2061 Bonnie Dr.			2061 Bonnie Dr.	• 	<del></del>	
Payette	ID	83661	Payette		ID	83661
(City)	(State)	(Zipcode)	rCity)		(State)	(Zipcode)
Printed Name: Jeff Cra	ven		s	ecretary of State u	ise only	
Signature: ///		IDAHO SECRETARY OF STATE 08/19/2015 05:00				
Printed Name: Faye Ci	raven	CK:1285 CT:312162 BH:1488699 10 25.00 = 25.00 ASSUM NAME #2				
Signature:	Co-				-w-vm H	THE PERSON NAMED IN SEC.
Printed Name:						

Rev. 06/2015

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