

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2017 MAR -2 AM 8: 25

SECRETARY OF STATE STATE OF IDAHO

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

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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):

NORTH IDAHO DISCOVE	764 S CLEARWAT	ER LOOP P	OST FALLS, ID 83854	
(Name)	(Address)			
ASSOCIATION INC.			······································	
(Name) (File#C 183690) (Name)	(Address) (Address)			
(Name)	(Address)			
3. The general type of business	s transacted under the	e assumed t	ousiness name is:	
 Retail Trade Wholesale Trade Services 	 Construction Agriculture Manufacturing 		Fransportation and Pub Mining Finance, Insurance, and	
4. Mailing address for future co	rrespondence:		and address for this acl (if other than # 4):	knowledgment
LORNA FINMAN (Name)		(Name)		
764 S CLEARWATER LOO	Р	()		
(Address)		(Address)		
POST FALLS ID 83854				
(City) (Sta	ate) (Zipcode)	(City)	(State	e) (Zipcode)
Printed Name: LORNA FINMAN	<u> </u>		Secretary of State use or	 וly
Signature: Xonna	Them -		IDAHO SECRETARY	05 981 mp
			03/02/2017	
Printed Name:			CK:1500 CT:335405	BH:1571486
Signature:		1	325.00 = 25.00 A	SSUM NAME #2
Printed Name:			D1925	57
Signature:	·····			
	Rev. 08/2015			