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CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

	Stretegic Pla	anning Partners
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name Matthew D. Walo	s) of the entity or individual(s) doing
3.	0 71	n and Public Utilities Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Matthew D Walo 55 W. Willowbrook Drive, Suite 103 Meridian, ID 83646	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above). Same as #4	nt '
_	ature: Matthew D. Walo	Secretary of State use only
	acity/Title: Financial Planner	IDAHO SECRETARY OF STATE 05/04/2012 05:00 CK: 141 CT: 279867 BH: 1322851

abn.pmd Rev. 07/2010