

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 MAR -9 AM 9:14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Cutting Edge Management

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

Name

Complete Address

Innovative Commercial Services LLC

1411 Falls Avenue East Suite 215

W 18996

Twin Falls Idaho 83301

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☒ Finance, Insurance, and Real Estate

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Cutting Edge Management

535 4th Avenue North

Twin Falls Idaho 83301

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

Phone number (optional):

Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpform\slabn\formation.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
03/09/2005 05:00
CK: 2918 CT: 150010 BH: 797497
1 @ 25.00 = 25.00 ASSUM NAME # 2

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