

Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

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CERTIFICATE ( ASSUMED BUSINE Pursuant to Section 53-504, Idaho Cod submits for filing a certificate of Assum Please type or print legible	SS NAME  de, the undersigned hed Business Name.
Instructions are included on back of	application.
The assumed business name which the business is: One	e undersigned use(s) in the transaction of
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u>	
Smart Solutions Group, LLC	1217 S. Broadway Ave., Ste105, Boise, ID 83706
(W110305)	
3. The general type of business transacted Retail Trade Transports Wholesale Trade Construct Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est  4. The name and address to which future correspondence should be addressed: 1217 S. Broadway Ave., Ste105, Boise, ID 837	ation and Public Utilities tion  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 4th Street
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment —
Signature: Kyle Campbell	Secretary of State use only
Capacity/Title: Manager	IDAHO SECRETARY OF STATE
Signature:	
Printed Name:	T E POSGG - FORSO MOGNI MARE A F

abn.pmd Rev. 07/2010

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