Printed Name:

Capacity: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME ECTIVE (Please type or print legibly. See instructions on 01 JUN 14 AM 9: 39 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: NATIONAL Collegiate Consulting 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address 2471 Spur Dr. Sandpoint Id 83864 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): \_\_\_\_\_ correspondence should be addressed: SAME AS # 2 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY is (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 **06/14/2001 09:00** CK: 2381 CT: 147596 BH: 482771 Signature: 1 # 26.66 = 28.66 ASSEM NAME # 2

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