

Capacity/Title: () () () ()

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 SEP -6 PH 4: 06

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECREMEN OF STATE STATE OF IDAHO

1. The assumed business name which the undersigne business is: A Retter Crain Training	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the education business under the assumed business name: Name Robert P. Kiwser Sois	entity or individual(s) doing Complete Address 10 W. Hollandale Di. E Idaho 83709
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: ABC CRAIN TRAINING TESTING 11010 W. Hollandale Dr. Boise Idaha & 3709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-283-9725
Signature: Moket P. Kinser Signature required) Printed Name: Robert P. Kinser	IDANO SECRETARY OF STATE 99/06/2005 95:00 CK: 2202 CT: 158010 BN: 910168 1 @ 25.00 = 25.00 ASSUM MANE # 2

1) 91394