

Signature:\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00. & \$3492

## FILED EFFECTIVE

2018 JAN -8 AM 10: 45

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	Twin Falls Real Estate S	chool	·	"	_	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):					
	Nancy Glaesemann	634 Reese Rd, Twin Falls, ID 83301				
	(Name) (Address)					_
	(Name)	(Address)			-	
	(Name)	(Address)			-	
	(Name)	(Address)			-	
3.	The general type of business transacted under the assumed business name is:					
	<ul><li>☐ Retail Trade</li><li>☐ Wholesale Trade</li><li>☒ Services</li></ul>	<ul><li>Construction</li><li>Agriculture</li><li>Manufacturing</li></ul>		Transportation and Public Utilities  Mining Finance, Insurance, and Real Estate		
	Z Oct vices	wandidetaining	L.	_ Thrance, insurance, and Near Estate		
4.	Mailing address for future	correspondence:		ne and address for this acknowledgmer / is (if other than # 4):	ıt	
	Nancy Glaesemann				_	
	(Name) 634 Reese Rd		(Name)	(a)	_	
	(Address) Twin Falls, ID 83301		(Addres	ess)	_	
	(Gify)	(State) (Zipcode)	(City)	(State) (Zipcode	<del>)</del> )	
Printed Name: Nancy Glaesemann				Secretary of State use only		
Się	gnature: Maney Alass	minn				
Printed Name:				IDAHO SECRETARY OF STATE		
Signature:				01/08/2018 05:00 CK:3492 CT:350675 BH:16199: 10 25.00 = 25.00 ASSUM NAME		
Printed Name:				D199395		

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