

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 MAY 30 PM 3: 46

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

business is: Strate	egic Planning Associates
The true name(s) and <u>business</u> add business under the assumed busines Name	ress(es) of the entity or individual(s) doing ess name: Complete Address
David P. McAnaney	1101 W. River St., Suite 100, Boise Idaho 83702
Retail Trade Transp Wholesale Trade Const	ncted under the assumed business name is: cortation and Public Utilities
☐ Services☐ Manufacturing☐ Mining✓ Finance, Insurance, and Real	Submit Certificate of Assumed Business
4. The name and address to which fut correspondence should be address. Strategic Planning Associates	ed: 450 North 4th Street PO Box 83720
1101 W. River St., Suite 100 Boise, Idaho 83702	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
gnature: Navid P.M. Jan	Secretary of State use only
inted Name: David P. McAnaney apacity/Title: Attorney	
gnature:	IDAHO SECRETARY OF STATE
rinted Name:apacity/Title:	05/30/2012 05:0 CK: 7273 CT: 85549 BH: 13262 1 @ 25.00 = 25.00 ASSUM NAME

abn.pmd Rev.07/2010

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