

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



09 JUN 15 AM 9: 26

SECRETARY OF STATE STATE OF IDAHO

| The assumed business name which the undersigned use(s) in the transaction of business is:   |   |
|---|---|
| Norton Virtual Ass  | sistant Services  |
|   | complete Address 133 Castle Mountain Dr. arden Vally, TD 83622  |
| 3. The general type of business transacted under the assumed business name is:  |   |
| Retail Trade Transportation and Public Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sally Nordon  133 Lastle Mountain Dr.  Garden Valley TD 83623  5. Name and address for this acknowledgment copy is (if other than #4 above): | Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301 |
| Same as above   | Secretary of State use only   |
| Signature: SARA Ann Sally Norton  Printed Name Sara Ann Sally Norton  Capacity/Title: Sde Proprietor  (see instruction # 8 on back of form)  208-462-5250   | 18AHO SECRETARY OF STATE<br>96/15/2009 05:00<br>CK: 1607 CT: 15800 BN: 1174750<br>1 0 25.00 = 25.00 ASSUM NAME # 2  |

D131490