



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG 26 AM 8:22

**SECRETARY OF STATE
STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Aspire Assessments & Health Resources

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):

Doreen Canaday 16 12th Ave So. Ste. 201 Nampa, ID 83651

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Aspire Assessments & Health Resources

(Name)

16 12th Ave So. Ste 201

(Address)

Nampa

(City)

ID

(State)

83651

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Doreen Canaday

Signature: *Doreen Canaday*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

08/26/2016 05:00

CK: CASH CT: 314639 BH: 1543683

1@ 25.00 = 25.00 ASSUM NAME #2

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