

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.

SWE SAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is: LIBERTY EDUCATIONAL SE	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name: Name Liberty Educational Services Troy Henke	e entity or individual(s) doing Complete Address 10 Z S. 800 い。 Black Got , ID 83221
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Liberty Educational Services 10 Z S, 800 W. Black Sot, TD 83221 5. Name and address for this acknowledgment copy is (if other than #4 above):	
FROY HENKE Capacity/Title: PRESIDENT (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 12/30/2002 05:0 CK: 226 CT: 158010 BH: 6537/1 20.00 = 20.00 ASSUM NAM

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