

## **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.

2015 JUN -2 AM 10: 10

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the under business is:  TOC	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Name  3. The general type of business transacted under the assumed business address(es) of busines	Complete Address  P.O. Box 1533  CDA ID. 83814
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  TOC Diversity Resource ATTN: James McDay P.O. Box 1533 CDA TD. 83  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:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only  IDAHO SECRETARY OF STATE  06/02/2015 05:00  CK:22402764988 CT:310889 BH:1477962  16 25.00 = 25.00 ASSUM NAME #2