



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAR 15 AM 9:24

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

EXTENONLINE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

KELLY R. FOSTER

12315 HARMONY LANE

P.O. BOX 323

GREENLEAF, IDAHO 83626

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

- | | |
|--|--|
| ☒ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

KELLY R. FOSTER

5928 GRINNELL DR.

RIVERSIDE, CA 92509

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

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

Signature: _____

Kelly R. Foster
(signature required)

Printed Name: _____

KELLY R. FOSTER

Capacity/Title: _____

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\format\form\slabn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/16/2010 05:00
CK: 112 CT: 150010 BH: 1212945
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 137692