Signature:

Printed Name:

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 NOV -6 AM 8:45

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(signature required)
J. Anthony Bingham

**President** 

(see instruction # 8 on back of form)

The assumed business name which the undersigned use(s) in the transaction of business is: **Tutoring Club** 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** TMAC Management Inc. 2475 S Apple Street #102 C155715) Boise, ID 83706 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 104 E Fairview Ave. #217 (208) 334-2301 Meridian, ID 83642 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only

IDAHO SECRETARY OF STATE
11/06/2008 05:00
CK: 20026 CT: 187630 BH: 1143412
1 0 25.00 = 25.00 ASSUM NAME # 2

