

Capacity/Title: Owner/Manager

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP 17 AM 8: 42

SECRE BY OF STATE STATE OF IDAHO

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

	The assumed business name which the un business is:	dersigned	I use(s) in the transaction of
	Laura E	va Designs	
	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address		
	Advancement Perspectives, LLC	341 S.7th Avenue, Pocatello, ID 83201	
	(W71531)		
3. ·	The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction		
	☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
	The name and address to which future correspondence should be addressed: Laura Vailas		Secretary of State 450 North 4th Street PO Box 83720
•	341 S. 7th Avenue Pocatello, ID 83201		Boise ID 83720-0080 208 334-2301
	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
Signat	ture: Saure Vailer		Secretary of State use only
_	d Name: LAUCA I. VAILAS		
	city/Title: Owner / Mar :		IDAHO SECRETARY OF STATE
Signat	Signature:		09/17/2010 05:00 CK: 3162 CT: 158010 BH: 1239382 1 0 25.00 = 25.00 ASSUM NAME # 2
	d Name: Laura I Vailas		N1111101-
Canacity/Title: Owner/Manager		1	りしてめじし

abn.pmd Rev. 07/2010