Capacity:

owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO



Wholesale Trade Agriculture Finance, Insurance, and Real E Services Construction Mining  4. The name and address to which future correspondence should be addressed:  Supergistic Solutions  HC 76 Box 4029  Garden Valley, 1D 83622  5. Name and address for this acknowledgment copy is (# other than # 4 above):  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Secretary of State use only	business is:	the undersigned use(s) in the transaction of
business under the assumed business name is/are:    Name	Synergistic Solution	<u> </u>
William H. Clausen   HC 76 Box 4029	* <i>-</i>	• • • • • • • • • • • • • • • • • • • •
Garden Valley, 1D 83622  3. The general type of business transacted under the assumed business name is: (mark only those that apply)  Retail Trade		
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Retail Trade		Garden Valley, 1D 83622
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