

Signature:\_\_\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE

						STATE OF IDAHO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:						
	Open Edge Group						
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
	Marshall Cochrane	330	3308 north 4th street, coeur			ur d alene, ID, 83815	
	(Name)	(Addr	(Address)				
	(Name)	(Addr	(Address)				
	(Name)	(Addr	(Address)				
	(Name)	(Addr	(Address)				
3.	The general type of bus	cinace tran	canted under th	ha acci	rmod bueir	noce name ie:	
Ο,	Retail Trade Wholesale Trade Services		Construction Agriculture Manufacturing		☐ Tran ☐ Mini	sportation and Public Utilities	
4.	Marshall Cochrane				<ol> <li>Name and address for this acknowledgment copy is (if other than # 4).</li> </ol>		
				-			
	(Name) 3308 north 4th street			(	Name)		
	(Address)			(	Address)		
	Coeur d alene	(State)	83815 (Zipcode)	<del>(</del> (	City)	(State) (Zipcode)	
Pr	Printed Name: Marshall Cochrane				Secretary of State use only		
Si	gnature: <u>AMA</u>	<u>U// ~</u>					
Pi	Printed Name:				IDAHO SECRETARY OF STATE  10/27/2016 05:00  CK:105 CT:158010 BH:1552622  16 25.00 = 25.00 ASSUM NAME #2		
Si	Signature:						
Printed Name:							

Rev. 08/2015