

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 NOV 24 AM 10: 20

SECRETARY OF STATE

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

Please type or print legibly.

Instructions are included on back of application.

	. The assumed business name which the undersigned use(s) in the transaction of business is:  Senjor Benefit Adulsors	
2.	The true name(s) and <u>business</u> address(es) of the ebusiness under the assumed business name:  Name  Alived Business Ventues, LLC  Daniel Aliced (W84838) 8	ntity or individual(s) doing <u>Complete Address</u> 8778 Mornin Mist St. Boise 8376  778 Morn in Mist St. Boise IP  83709
3.	The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed:  9778 Movin Mut St.  Boise, TD 83709	Secretary of State 450 North 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):	
<b>3:</b>		Secretary of State use only
Printe Capad Signal	ture:	IDAHO SECRETARY OF STATE 11/24/2014 05:00 CK:1159 CT:276189 BH:1450614 16 25:00 = 25:00 ASSUM NAME #2
	d Name: <u>Janiel Allved</u> city/Title: <u>SelC</u>	D175130

abn.pmd Rev, 07/2010