

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

2015 MAR 19 PM 12: 47

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersign business is: IDAHO FERTILITY LAW	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name SARAH EDMUNDS PARALEGAL SERIVCES, LLC, COCKERILLE LAW OFFICE PLLC, 11 FOX MEA	Complete Address , 576 S WATERTON AVE, EAGLE ID 83616
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: SARAH EDMUNDS, 576 S WATERTON AVE, EAGLE, ID 83616	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).	Socretary of State user only
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 03/19/2015 05:00 UK:270 UT:156308 BH:1466989 16 25:00 = 25:00 ASSUM NAME:
Capacity/Title:	TO EU. SU EU. SU HIGHUM MANNE.

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