

(Name)

(Name)

Signature:

**Neopost Central** 

Neopost USA Inc.

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

(Address)

(Address)

(Address)

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 JAN 24 PM 2: 53

SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: 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): 478 Wheelers Farms Road Milford CT 06461 Utilities eal Estate

	(Name)	(Addr	ess)				<del>*************************************</del>
3.	The general type of business transacted under the assumed business name is:						
	<ul><li>☒ Retail Trade</li><li>☐ Wholesale Trade</li><li>☐ Services</li></ul>		Construction Agriculture Manufacturing		Minin	portation and Public t g ce, Insurance, and Re	
4.	Mailing address for future correspondence:			5.	i. Name and address for this acknowledgment copy is (if other than #4):		
	Corporation Service Company						
	(Name)				(Name)	······································	
	12550 W. Explorer Drive St	uite 10	)0		\		
	(Address)	_	00740		(Address)		
		D ate⟩	83713 (Zipcode)		(City)	(State)	(Zipcode)
	(City) (St	are)	(Zipcode)		(Ony)	(Giate)	(Zipotoe)
Printed Name: Kirk Shankle						Secretary of State use only	
Sig	gnature: 9						
Printed Name:				IDAHO SECRETARY OF STATE			
		***************************************				01/25/2018 0	5:00
Signature:					CK:PREPAID CT:1157 BH:16230		
Pri	inted Name:				16 2	5.00 = 25.00 AS	HAME MUE

Rev. 08/2015

BH:1623072 SUM NAME #2

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