

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

SECRETARY OF STATE

<u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Idaho Distance Education Academy, Inc.	PO Box 339, Bovill, Id 83806
(C154833)	
3. The general type of business transacted	
	ion and Public Utilities
TITIO COGGO TIAGO	
	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
idaho Distance Education Academy, Inc.	PO Box 83720
PO Box 339	Boise ID 83720-0080 208 334-2301
Bovill, ID 83806	200 001 2001
5. Name and address for this acknowledged copy is (if other than # 4 above):	nent
	Secretary of State use only
gnature: Barbarat Famus	•
inted Name: Barb Femreite	IDAHO SECRETARY OF STATE
apacity/Title: Agent/Treasurer/Business Manager	02/23/2015 05:00
Thanka Ind. game	- CK:92076 CT:299074 BH:146

abri.pmd Rev. 07/2010

D176989

Printed Name: __ Capacity/Title:__