

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 DEC 17 AM 8: 56

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

SECRETOR STATE

ConnectIT	
2. The true name(s) and <u>business</u> ac business under the assumed business	ddress(es) of the entity or individual(s) doing ness name:
<u>Name</u>	Complete Address
The ConnectIT Group, LLC	6595 S. Artesian Way, Coeur d'Alene, ID 83814
<u>(w52434)</u>	
3. The general type of business trans	sacted under the assumed business name is:
Retail Trade Trans	sportation and Public Utilities
	struction
	culture Submit Certificate of
☐ Manufacturing ☐ Minii	Assumed Business
Finance, Insurance, and Re	al Estate Name and \$25.00 fee to:
4. The name and address to which for	Secretary of State
correspondence should be addres	ssed: 450 North 4th Street
The ConnectIT Group, LLC	PO Box 83720 Boise ID 83720-0080
6848 N. Government Way, #114 - 61	208 334-2301
Coeur d'Alene, ID 83815	
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment
	Secretary of State use only
gnature: Mak Oleker	IDAHO SECRETARY OF STATE
nted Name: Mark Oetken	12/17/2014 05:00
pacity/Title: President	CK:1155 CT:254954 BH:14534
gnature:	AG 20.00 - 28.00 ABSOM NAM

D175534

9/21/2012

Printed Name:

Capacity/Title:___