

CERTIFICATE OF ASSUMED BUSINESS NAME

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

7	FILED EFFECTIVI
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed in the submits for filing and the submits fo	S NAME the undersigned Business Name.
The assumed business name which the unbusiness is: SANCTIFICARE SOLUTIONS SANCTIFICARE SOLUTIONS	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business nat Name VALUSOLUTIONS, LLC (WIIL 402)	, , ,
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Mike Monnie 11385 W Prairie Ave. Post Falls, ID 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Muchael D. Mannig	Secretary of State use only
Printed Name: MICHAEL D. MONNIE	
Capacity/Title: MANAGER	

160376

IDAHO SECRETARY OF STATE

91/17/2013 05:00

CK: 1012 CT: 274979 BH: 1356247
1 8 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: _

Signature:

Printed Name: