(Please type or print legibly. See instr	BUSINESS NAME uctions on reverse.)
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Co gives notice of adoption of an Assum	ode, the undersigned
The assumed business name which the abusiness is: Financial Seminars	undersigned use(s) in the traggation of your control of Jaho
The true name(s) and business address(business under the assumed business ra Name	es) of the entity or individual(s) doing ame is/are: <u>Complete Address</u>
Ronald O. Nelson	300 Mallard Dr., Suite 300, BOIX P.O. BOX 7967 8370L
The general type of business transacted (mark only those that apply)	
☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	Finance, Insurance, and Real Estate
correspondence should be addressed:	Phone number (optional): (208) 545-1010
Dannea Aylsworth 300 Mallard Dr., Suite 31	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (r other than # 4 above):	Secretary of State 700 West Jefferson Ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature Signature	Secretary of State was only
Printed Name: Ronald O. Nelson	Dr. den fr
Capacity: Owner (IDANO SECRETARY OF STATE

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