



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2012 SEP 10 AM 9:41
submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ClubZ! Tutoring

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
Academic Solutions LLC	2685 Channing Way, Idaho Falls, ID 83404
Nancy Lynne Anderson	3054 Mesquite Drive, Idaho Falls, ID 83404

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Nancy Lynne Anderson
3054 Mesquite Drive, Idaho Falls, ID 83404

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Nancy Lynne Anderson

Printed Name: Nancy Lynne Anderson

Capacity/Title: Registered Agent

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/10/2012 05:00
CK: 7345 CT: 270306 BH: 1339153
1 @ 25.00 = 25.00 ASSUM NAME # 2

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