

Signature:

Printed Name: _

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Gurs last to Section 50-504 Ideas Code the undersigned 05 OCT 19 PM 3: 01 subdivisión for a a centricate at assumed business fatoric

Riease type or print legibly NOTE: See instructions on reverse before filling. SECHAR STATE STATE OF IDAHO

1 The assumed business name which the undersigned use(s) in the transaction of ousiness is Success In Action International	
	Complete Address 7 W.Olivia Street Boise, ID83704
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Carcie A. Jeffies 9367 W. Olivia St.	
Boise, LD 83704 5. Name and address for this acknowledgment copy is (if other than # 4 above): Sume	Phone number (optional): Secretary of State use only

IDAHO SECRETARY OF STATE
10/19/2005 05:00
CK: 1036 CT: 150010 RH: 917832
1 0 25.00 = 25.00 ASSUM NAME # 2

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