

## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

## FILED EFFECTIVE

2017 SEP 29 AM 9: 57

SECRETARY OF STATE STATE OF IDAHO

D197391

1.	The assumed business name which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the transaction of the same which the undersigned use(s) in the same which the undersigned use(s) is the same which the undersigned use(s) in the same which the undersigned use(s) is the						
2.	The individual and/or entity names and business address(es) of those doing business under						
	the assumed business name (do not include the name you listed in #1):						
	Wired2Learn Academy, TNC 1869 E. Seltice Way, #415, Post Falls, ID 83854						
	(Name (C 211872) (Address)						
	(Name)	(Addr	ess)				
	(Name)	(Addr	ess)				
	A		- in the second second				
	(Name)	(Addr	ess)				
3.	The general type of business transacted under the assumed business name is:						
	Retail Trade Construction Transportation and Public Utilities						Itilities
	☐ Wholesale Trade ☐ Agriculture ☐ Minin					•	
	Services Manufacturing Finance, Insurance, and Real Estate						
4.	Mailing address for future correspondence:  Alyssa Pukkila				Name and a copy is (from	address for this acknown and # 4).	wledgment
	(Name) 1869 E. Seltice Way, #415				(Name)		
	(Address) Post Falls, ID 83854				(Address)		
	(City)	(State)	(Zipcode)		(City)	(State)	(Zipcode)
Pri	inted Name: Alyssa Pukkila	3				Secretary of State use only	
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Pr	inted Name:						
Sig	gnature:					IDAHO SECRETARY O	
Printed Name:					09/29/2017 05:00 CK:1777 CT:265346 BH:1605104 10 25:00 = 25:00 ASSUM NAME #2		
Signature:							
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