

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2013 NOV -6 PM 2: 14

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the business is:	e undersigned use(s) in the transaction of
Center for Professional Development @ ITT Technica	d Institute
The true name(s) and business address business under the assumed business in the control of	s(es) of the entity or individual(s) doing name:
Name	Complete Address
ITT Educational Services, Inc.	13000 N. Meridian Street, Carmel, IN 46032
(c43222)	
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transporta Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Shawn J. Crawford 13000 N. Meridian Street Carmel, IN 46032	Submit Certificate of Assumed Business
5. Name and address for this acknowledg	ment Phone number (optional):
COPy is (if other than #4 above).	(317) 582-0720
	Secretary of State use only
Signature: (signature required)	13 10 10 10 10 10 10 10
Printed Name: Shawn J. Crawford	LIDAHO SECRETARY OF STATE
Capacity/Title: Vice President	IDAHO SECRETARY OF STATE 11/06/2013 05:00
(see instruction # 8 on back of form)	CK: MONE CT: 278665 BH: 1397828 1 P 25.00 = 25.00 ASSUM NAME # 2