

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 JUN -1 AM 8:41

SECTION BY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

I.D.A	Coaching
The true name(s) and <u>business</u> address(e business under the assumed business na Name Erin Cross	
The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
✓ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Erin Cross	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
3637 N. Justin Ave. Meridian, ID 83646	208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
nature: Em Cross	
nted Name: Erin Cross pacity/Title: Owner	
nature:	IDAHO SECRETARY OF STATE
nted Name:	CK: 1143 CT: 158810 BH: 127 1 8 25.80 = 25.60 ASSUM NA
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