

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 DEC 21 AM 10:21

SECRETARY OF STATE
STATE OF IDAHOPlease type or print legibly.Instructions are included on back of application.

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

Porter Vocational Services

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

NameComplete Address

Delyn D Porter

320 N. 1100 W., Blackfoot, ID 83221

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Delyn Porter

320 North 1100 West

Blackfoot, ID 83221

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

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

Secretary of State use only

Signature: Delyn Porter

Printed Name: Delyn Porter

Capacity/Title: Owner / Vocational Specialist

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
12/21/2010 05:00
CK: 568936 CT: 172099 BH: 1251843
1 @ 25.00 = 25.00 ASSUM NAME # 2

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