

Signature:_

Printed Name:

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 MAY -2 AM 8:59

Title 30, Chapter 21, Part 8, Idaho Code.

	Filing fee: \$2	5.00.	SE <u>CRETATE</u>
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Premier Alliance Retirement Solutions		
2.	The individual and/or ent		ress(es) of those doing business under
	Delane Fullmer	5660 E. Franklin Road, Suite 300, Nampa, ID 83687	
	(Name)	(Address)	
	David Fullmer	5660 E. Franklin Road, Suite 300, Nampa, ID 83687	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
3.	☐ Retail Trade ☐ Wholesale Trade ☐ Services	ness transacted under the as Construction Agriculture Manufacturing	Ssumed business name is: ☐ Transportation and Public Utilities ☐ Mining ☐ Finance, Insurance, and Real Estate
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):		
	Premier Alliance Retirement Solutions		
	(Name) (Name) 5660 E. Franklin Road, Suite 300		
	(Address) (Address)		
	Nampa, ID 83687		(Addiess)
	(City)	(State) (Zipcode)	(City) (State) (Zipcode)
Pri	inted Name: Delane Fullm	ner D. A. Man	Secretary of State use only
Się	gnature:	- Jumper	IDAHO SECRETARY OF STATE
Printed Name: David Fullmer			05/02/2017 05:00

Rev. 08/2015

CK:1325 CT:178928 BH:1582120 16 25.00 = 25.00 ASSUM NAME #2

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