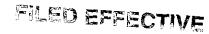


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## Please type or print legibly. Instructions are included on back of application.



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1.	The assumed business name which the un business is:	dersigne	d use(s) in the transaction of	
	Sales Tar	rget Trainin	g	
2.	The true name(s) and <u>business</u> address(esbusiness under the assumed business name  Name  Tom Dorr	, ,		
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		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4.	The name and address to which future correspondence should be addressed:  Sales Target Training		Secretary of State 450 North 4th Street PO Box 83720	
	10302 W. Gallop Ln		Boise ID 83720-0080 208 334-2301	
	Post Falls, id. 83854			
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt		
			Secretary of State use only	
•	ture.			
	ed Name: <u>/om Dom</u> city/Title: <u>President</u>			
	ture:		1DAHO SECRETARY OF STATE	
Printed Name:			02/14/2011 05:00 CK: 1168 CT: 158618 BH: 1259822 1 8 25.00 = 25.00 ASSUM NAME # 2	
Capacity/Title:				

abn.pmd Rev. 07/2010

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