



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.

APR 4 11 00 AM
SECRETARY OF STATE
STATE OF IDAHO

Please 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:

SpeakWrite

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

| <u>Name</u> | <u>Complete Address</u> |
|-----------------------|--|
| <u>Peter Billings</u> | <u>714 Hillview Dr., Boise, ID 83712</u> |
| _____ | _____ |
| _____ | _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Peter Billings
714 Hillview Dr.
Boise, ID 83712

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

Signature: _____
 Printed Name: Peter Billings
 Capacity/Title: Owner
 Signature: *Peter Billings*
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 04/04/2012 05:00
 CK: 1900 CT: 150010 BH: 1318344
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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