



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 AUG 24 AM 8:48

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

SECRETARY OF STATE
STATE OF IDAHO

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

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>Idaho Virtual Education Partners, Inc.</u>	<u>12639 W. Explorer Dr., Suite 185, Boise ID 83713</u>
<u>C 179641</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:
Vickie McCullough
12639 W. Explorer Drive, Suite 185
Boise, ID 83713

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

Secretary of State use only

Signature: *Vickie McCullough*
Printed Name: Vickie McCullough
Capacity/Title: Administrator/Principal
Signature: _____
Printed Name: _____
Capacity/Title: _____

IDAHO SECRETARY OF STATE
08/24/2011 05:00
CK: 18000386 CT: 258477 BH: 1287841
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 149693