



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

2014 NOV -3 AM 9:29

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:

LearningRx of Boise West

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

Name

Complete Address

Boise Brain Training, LLC

4466 North Mendelson

(W97091)

Meridian, Idaho 83646

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 | |

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

1910 N. Lakes Place

Meridian, Idaho 83646

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

Signature: _____

Printed Name: Bryan Elliott

Capacity/Title: Owner

Signature: Cindi Elliott

Printed Name: Cindi Elliott

Capacity/Title: Owner

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

IDAHO SECRETARY OF STATE
11/03/2014 05:00

CK:20051 CT:288881 BH:1447750
1@ 25.00 = 25.00 ASSUM NAME #2

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