



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2018 JUN 11 AM 10:24**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

Money Fit Financial Wellness Program

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Debt Reduction Services Inc 6213 N Cloverdale Rd Ste 100, Boise ID 83713

(Name) (Address)

(C114820)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Debt Reduction Services, Inc.

(Name)

6213 N Cloverdale Rd Ste 100

(Address)

Boise

ID

83713

(City)

(State)

(Zipcode)

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

Todd Christensen

(Name)

6213 N Cloverdale Rd Ste 100

(Address)

Boise

ID

83713

(City)

(State)

(Zipcode)

Printed Name: Todd Christensen

Signature: [Signature]

Printed Name: Cara Steele

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**06/11/2018 05:00**

CK:26909 CT:140547 BH:1648279  
1@ 25.00 = 25.00 ASSUM NAME #2

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