

**FILED EFFECTIVE**

2016 JUN 22 PM 2:08

SECRETARY OF STATE  
STATE OF IDAHO

227

**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.

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

Academic Review

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):

Triad Learning Systems LLC 408 E. Sherman Avenue Coeur d' Alene ID 83814(Name) W167730 (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

☒ Retail Trade☐ Construction☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☐ Mining☐ Services☐ Manufacturing☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Triad Learning Systems LLC

(Name)

408 E. Sherman Ave

(Address)

Coeur d' Alene ID 83814

(City) (State) (Zipcode)

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

Triad Learning Systems LLC

(Name)

P.O. Box 729

(Address)

Post Falls ID 83877

(City) (State) (Zipcode)

Printed Name: David GencarellaSignature: [Signature]

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

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

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

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

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

06/23/2016 05:00

CK:3970870 CT:172099 BH:1534556

1@ 25.00 = 25.00 ASSUM NAME #2

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