

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 JUN 22 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

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
 Wholesale Trade
 Services

Construction
 Agriculture
 Manufacturing

Transportation and Public Utilities
 Mining
 Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Triad Learning Systems LLC

(Name)

408 E. Sherman Ave

(Address)

Coeur d' AleneID83814

(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 Gencarella

Secretary of State use only

Signature: D. Gencarella

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Rev. 08/2015

IDaho SECRETARY OF STATE
06/23/2016 05:00
 CK:3370870 CT:172099 BH:1534556
 10 25.00 = 25.00 ASSUM NAME #2

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