

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

OZ APR -3 AM 10: 00
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:  Foundation for Success	
The true name(s) and <u>business</u> address(es) of business under the assumed business name:	of the entity or individual(s) doing <u>Complete Address</u> 3300 N. Montvue Dr., Meridian, ID 83642
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:  Robin Hollingsworth 3300 N. Montvue Dr. Meridian, ID 83642	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	ent Phone number (optional):  208-887-4736
	Secretary of State use only  Secretary of State use only
Signature: Robin Hollingsworth  Printed Name: Robin Hollingsworth  Capacity/Title: Owner  (see instruction # 8 on back of form)	S   S   S   S   S   S   S   S   S   S