

Capacity/Title:

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

12 FEB 27 AH 9: 14

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 unbusiness is:	RS Plus
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name Mikki Logan	es) of the entity or individual(s) doing
3.	The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: PERS Plus c/o Mikki Logan 34 S. Main St. Payette, ID 83661	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	∍nt
Signa	iture: Milulagan	Secretary of State use only
	ed Name: Mikk Logar	
	city/Title:	
Signa	ture:	IDANO SECRETARY OF STATE 02/27/2012 05:00
Printe	ed Name:	CK: 1546 CT: 267420 RM: 1312283 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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