



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**  
2015 JUL -6 AM 10:56  
SECRETARY OF STATE  
STATE OF IDAHO

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

Pathway Et AL

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):

Marilee J. McCord  
(Name)  
2542 N. Roughstone Meridian ID. 83646  
(Address) (City) (State) (Zipcode)

Colin M. McCord  
(Name)  
Same  
(Address) (City) (State) (Zipcode)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address) (City) (State) (Zipcode)

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 checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Same  
(Name)  
2542 N. Roughstone  
(Address)  
Meridian, ID 83646  
(City) (State) (Zipcode)

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

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zipcode)

Printed Name: Marilee J. McCord

Signature: Marilee J. McCord

Printed Name: Colin McCord

Signature: Colin McCord

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/07/2015 05:00

CK:1001 CT:312119 BH:1482778  
10 25.00 = 25.00 ASSUM NAME #2

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