



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED *08/01/2006*

06 AUG - 1 AM 11:02

SECRETARY OF STATE
STATE OF IDAHO

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

Individualized Occupational Training Association

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Gale Patten

Complete Address

6171 Deer Flat Rd

Nampa, ID 83686

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

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

4. The name and address to which future correspondence should be addressed:

Gale Patten

6171 Deer Flat Rd

Nampa, ID 83686

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

Secretary of State use only

P102321

IDaho SECRETARY OF STATE
08/01/2006 05:00
CK: 3542 CT: 202973 BH: 967872
1 e 25.00 = 25.00 ASSUM NAME # 2

Signature: Gale Patten

(signature required)

Printed Name: Gale Patten

Capacity/Title: Secretary/Treasurer IOTA

(see instruction # 8 on back of form)