

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 OCT 14 PM 4: 00

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

IntegriTrust Financial The true name(s) and <u>business</u> ad business under the assumed business.	dress(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Corum Associates, LLC	c/o The Book Works, Inc.
W125481	P. O. Box 1416, Hayden, ID 83835
Manufacturing Minin Finance, Insurance, and Rea 4. The name and address to which fu	Assumed Business Name and \$25.00 fee to:
correspondence should be address c/o The Book Works, Inc.	sed: 450 North 4th Street PO Box 83720
P.O. Box 1416	Boise ID 83720-0080
Hayden, ID 83835	208 334-2301
5. Name and address for this acknow copy is (if other than # 4 above):	ledgment
mature:	Secretary of State use only
nted Name: Jacklyn Holovka	
	IDAHO SECRETARY OF STA

CK: 2290412 CT: 172099 BH: 1445130 16 25.00 = 25.00 ASSUM NAME #2

174289

9/21/2012

Capacity/Title:____

Signature:

Printed Name: