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CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na	ned
Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF IDAHO
1. The assumed business name which the undersigned business is:	- · · · •
2. The true name(s) and business address(es) of the er business under the assumed business name: Name <u>Cynthia Compton</u> <u>301</u> /	Complete Address
 3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>The Leacning Path</u> Go Gody Compton 30172 15t Ave. Suite 203 Sand point, FD 23864 5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: <u>Cynthia Compton</u> Printed Name: <u>Cynthia Compton</u> Capacity/Title: <u>Manager</u> (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 12/23/2003 05:0 CK: 3760 CT: 158010 BH: 7186 1 & 25.90 = 25.90 ASSUM NAME D TIGOG