



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

2011 FEB -1 AM 11:45

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 undersigned use(s) in the transaction of business is:

Write Now Professional Services

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

Name

Complete Address

Diana S. Klybert

904 E. Pine Ave.

Coeur d'Alene ID

83814

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:

Diana Klybert

904 E. Pine Ave.

Coeur d'Alene ID 83814

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

Signature: Diana Klybert

Printed Name: DIANA KLYBERT

Capacity/Title: Sole proprietor

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/01/2011 05:00
CK: 596710 CT: 172099 BH: 1257953
1 @ 25.00 = 25.00 ASSUM NAME # 2

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