

## **CERTIFICATE OF**

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned DEC -3 PM 2: 21 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. STAIL OF WARU

business is:  System Professionals Corp.	
The true name(s) and business address(e business under the assumed business na Name     Business Visions Inc.	es) of the entity or individual(s) doing ime: Complete Address 357 West Fir Street, Shelley ID 83274
3. The general type of business transacted u	under the assumed business name is: on and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:      Robert Long	Secretary of State 700 West Jefferson Basement West PO Box 83720
357 West Fir Street Shelley, ID 83274	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):  208-520-5055
	Secretary of State use only
Printed Name: Robert J Long  Capacity/Title: President  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  12/03/2004 05:00  CK: 13130 CT: 164113 BH: 779756  10 25.00 = 25.00 ASSIM MARF:

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