



# 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**

2013 JUN 26 AM 8:54

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

SECRETARY OF STATE  
STATE OF IDAHO

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

Point of Light Network

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

Frank D. Briggs

1609 North Bill Street, Post Falls, ID. 83854

Joseph Luellen III

16515 Grace Court, Apt. 206 Southgate, MI. 48195

Jerry M. Graves

671 Driftwood Pt Rd Santa Rosa Beach, FL. 32459

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:

Point of Light Network Attn: Frank D. Briggs

1609 North Bill Street

Post Falls, ID. 83854

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

\_\_\_\_\_  
\_\_\_\_\_

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

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

Signature: Frank D. Briggs

Printed Name: Frank D. Briggs

Capacity/Title: Managing member / co-founder

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
06/26/2013 05:00  
CK: 1047905877 CT: 284698 BH: 1379668  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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