

227



# CERTIFICATE OF ASSUMED BUSINESS NAME

**Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.**

2009 AUG 26 PM 2: 28

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

## Synergy

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

Name

## Quentin Killian

### Complete Address

343 Park Ave FDA HQ Falls ID

B J Shedd

11 11 83402

**Scott Thompson**

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- 3. The general type of business transacted under the assumed business name is:**

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☒ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☐ Finance, Insurance, and Real Estate
- Submit  
 Assume  
 Name a

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

**Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080**

**(208) 334-2301**

- 4. The name and address to which future correspondence should be addressed:**

**343 Park Ave**

**Idaho Falls Idaho 83402**

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

**Signature**

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

(signature required)

**Quentin Kilian**

**Capacity/Title:**

CO OWNER

(see instruction # 8 on back of form)

**Secretary of State use only**

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IDAHO SECRETARY OF STATE  
 08/26/2009 03:00  
 CK: 382484 CT: 172099 BN: 1104574  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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**FILED EFFECTIVE**