

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

11 JUN 24 PM 4: 02

SECRETARY OF STATE STATE OF IDAHO

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

	The assumed business name which the undersign	ned use(s) in the transaction of	
	business is:		
	Huntington Learning Center		
2.	The true name(s) and <u>business</u> address(es) of the	e entity or individual(s) doing	
	business under the assumed business name:		
	Name	Complete Address	
	Wages Walker Winght LLC 2902	HIL Rd Boise 1D 83703	
	(W102129)		
3.	The general type of business transacted under the	e assumed business name is:	
	Retail Trade Transportation and P	ublic Utilities	
	Wholesale Trade Construction		
	Services Agriculture	Submit Certificate of	
	☐ Manufacturing ☐ Mining	Assumed Business	
	☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
	The name and address to which future	Secretary of State	
	correspondence should be addressed:	450 North 4th Street PO Box 83720	
	2902 Hill Rd, Boise, 1D 83703	Boise ID 83720-0080	
		208 334-2301	
5	Name and address for this acknowledgment		
	COpy is (if other than # 4 above):		
	- 1: Water Collection	Secretary of State use only	
Signat	ture: That Walker Wal		
rinte	d Name: Julia Walker Wright		
Capac	city/Title: <u>Manager</u>		
Signat	ture:	IDANO SECRETARY OF STATE	
Printed Name:		06/24/2011 05:00 CK: 2170 CT: 260119 BH: 1279955	
Capacity/Title:		1 0 25.00 = 25.00 ASSUN NAME # 2	
	abn.pmd Rev.07/2010	0148557	
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