



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 AUG 19 AM 8:42

**SECRETARY OF STATE
STATE OF IDAHO**

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

Causality Solutions

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Kim Look (Name)	1239 Cabin Cove (Address)	Idaho Falls (City)	ID (State)	83404 (Zipcode)
Matt Look (Name)	1239 Cabin Cove (Address)	Idaho Falls (City)	ID (State)	83404 (Zipcode)
_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)
_____ (Name)	_____ (Address)	_____ (City)	_____ (State)	_____ (Zipcode)

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Kim Look

(Name)

1239 Cabin Cove

(Address)

Idaho Falls

(City)

ID

(State)

83404

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: **Kimetha Look**

Signature: Kimetha Look

Printed Name: **Matthew A Look**

Signature: Matthew A Look

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/19/2015 05:00

**CK:5011 CT:313645 BH:1488752
1@ 25.00 = 25.00 ASSUM NAME #2**

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