



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2015 DEC 28 PM 1:53

SECRETARY OF STATE

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

CETERA RETIREMENT PLAN SPECIALISTS

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):

FIRST ALLIED RETIREMENT SERVICES, INC. (C208146)

(Name)

656 W. Broadway, 12th Floor

(Address)

San Diego

(City)

CA

(State)

92101

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

FIRST ALLIED RETIREMENT SERVICES, INC.

(Name)

656 W. Broadway, 12th Floor

(Address)

San Diego

(City)

CA 92101

(State)

(Zipcode)

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

Juli Pena, C T Corporation System

(Name)

818 W. 7th Street, Suite 930

(Address)

Los Angeles

(City)

CA 90017

(State)

(Zipcode)

Printed Name: Juli Pena

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/28/2015 05:00

CK:PREPAID CT:278665 BH:1505949

1@ 25.00 = 25.00 ASSUM NAME #2

10183367