

Signature: Um

Printed Name:

Capacity/Title:\_

Ann M Smith

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

07 NOV 14 AM 8: 28

1. The assumed business name which the undersigned use(s) in the transaction of business is: **AMS Training** 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 2533 N. Robie Ave Meridian, ID 83646 Ann M Smith 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture ✓ Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Ann M Smith (208) 334-2301 2533 N. Robie Ave Meridian, ID 83646 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only

IDAHO SECRETARY OF STATE
11/14/2007 05:00
CK: 98 CT: 219563 BH: 1885263
1 25:00 = 25:00 ASSUM MANE # 6