

Signature: ¿

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 07 DEC 28 AM 9: 20

Please type or print legibly. NOTE: See instructions on reverse before filing.

Benjamin Cooper

Capacity/Title: Owner/Human Performance Specialist

(see instruction # 8 on back of form)

FILED ERRECTVE SECRETARY OF STATE STATE OF IDAHO

CAF Institute	
The true name(s) and business address(es) of the business under the assumed business name:	e entity or individual(s) doing
Name	Complete Address
Benjamin Cooper	850 Belmont Street
	Apt 206
	Boise, ID 83706
Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Benjamin Cooper	Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
850 Belmont Street Apt 206	(208) 334-2301
Boise, ID 83706	
Name and address for this acknowledgment COpy is (if other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE
12/28/2007 05:00

CK: 11099448551 CT: 158010 BH: 1091773
1 8 25.00 = 25.00 ASSUM NAME # 2