



# 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.

03 JUL -9 PH 4:14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Academos

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Marika Warila

Complete Address

1393 E. Time Zone Dr.

Meridian ID 83642

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

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

4. The name and address to which future correspondence should be addressed:

1393 E. Time Zone Dr.

Meridian ID 83642

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

Signature: Marika Warila  
(Signature required)

Printed Name: Marika Warila

Capacity/Title: Director / Owner

(see instruction #8 on back of form)

9-1610/04/03/03 Form 500  
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE  
07/09/2003 05:00  
CK: CASH CT: 158010 BH: 690226  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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