

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed	h, the undersigned d Business Name.
Please type or print legibly.  NOTE: See instructions on reverse before filing.  1. The assumed business name which the undersigned use(s) in the transaction of business is:  PROFESSIONAL CAREER SOLVTIONS	
3. The general type of business transacted  Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  PCS - POSC LLC 15103 (ASSandra Place Tampa, FL 33624	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
<ol> <li>Name and address for this acknowledged copy is (if other than # 4 above).</li> </ol>	gment Phone number (optional): (813) 264 - 6003
	Secretary of State use only
Signature: <u>Drinda J. Jhmas</u> Printed Name: <u>Brenda H. Thomas</u> Capacity/Title: <u>Controller</u>	- Square to the state of the st

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