



# 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.

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

2003 DEC 22 PM 2:38

STATE OF IDAHO

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

Education Access

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

Name

Complete Address

Lindley A Bailey

2631 Hallon Street

Idaho Falls, ID 83402-3819

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" 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 |  |

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

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

Lindley Bailey

2631 Hallon Street

Idaho Falls, ID 83402-3819

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

Phone number (optional):

208-206-1439

**Secretary of State use only**

Signature: Lindley A Bailey

Signature required

Printed Name: Lindley A Bailey

Capacity/Title: owner

(see instruction # 8 on back of form)

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 File 11/01/03 2003

IDAHO SECRETARY OF STATE  
 12/23/2003 05:00  
 CK: 4959 CT: 158010 BH: 718195  
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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