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## CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 SEP -8 AM 9: 56

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

World C	onnection		
The true name(s) and business address(es business under the assumed business nam Name	le:	ntity or individual(s) doing  Complete Address  S. Cnestnut St. Nampa, Idaho 83686	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3. The general type of business transacted un  ✓ Retail Trade ☐ Transportation			
<ul> <li>✓ Wholesale Trade ☐ Construction</li> <li>✓ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
The name and address to which future correspondence should be addressed:      Keiko Flugel	·	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
910 S. Chestnut St., Nampa, Idaho 83686		(208) 334-2301	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt		di ayyy fiya Taffiggi adam, ay ka kaca
		Secretary of State use only	
rinted Name: Keiko Flugel	ghoorpiformstabn formstabn.p85 Revised 04/2003	IDAHO SECRETARY OF ST	'ATE
Capacity/Title: Owner	:koorpiforms Revise	09/08/2008 05 CK: 2768 CT: 158010 BH: 1 8 25.00 = 25.00 ASSUM	5 = 00 1134712

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