



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 JUL -1 AM 11:55

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Four Seasons Academy

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

St Knox LLC W131745

P.O. BOX 1095 Sandpoint ID

Brandon + Dana Bowen

P.O. Box 1095

Phil + Nancy Albanese

Sandpoint ID 83864

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:

Four Seasons Academy

P.O. Box 1095

Sandpoint ID 83864

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: _____

Printed Name: DANA ALBANESE BOWEN

Capacity/Title: President / Managing Member

Signature: _____

Printed Name: NANCY ALBANESE

Capacity/Title: Vice President / Managing Member

Secretary of State use only

IDAHO SECRETARY OF STATE

07/01/2015 05:00

CK:1460 CT:311984 BH:1482252

1@ 25.00 = 25.00 ASSUM NAME #2

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