

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

11 APR -1 AM 8: 32

D146519

Please type or print legibly. Instructions are included on back of application.

SECTED BY OF STATE STATE OF IDAHO

1.	The assumed business name which the ur business is:	idersigned on PCS	I use(s) in the transaction of	
	Barr	on PCS		
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name Barron Professional Consulting Services, LLC			
3.	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub		
4.	The name and address to which future correspondence should be addressed: Roanen Barron 3535 Beacon Ave Emmett, ID 83617		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
			Secretary of State use only	
Signa	iture:			
Printe	ed Name: Roam Barron			
Capa	city/Title: President			
Signature:			IDAHO SECRETARY OF STATE 94/01/2011 05±00	
Printed Name:			CK: 748472686 CT: 256914 BH: 1267187 1 8 25.08 = 25.00 ASSUM MANE W 2	
Capacity/Title:				

abn.pmd Rev. 07/2010