

Capacity/Title:

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

2014 MAY 21 AM 8: 47

SECRETALISMATE

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

The assumed business name which business is: PROGRESSIVE WRITING SOLUTIONS	the undersigned use(s) in the transaction of
The true name(s) and <u>business</u> additionable business under the assumed busine <u>Name</u> ANDREW MARK APPLETON	ress(es) of the entity or individual(s) doing ess name: <u>Complete Address</u> 213 1/2 S. MAIN STREET, #1, MOSCOW, ID 83843
	Submit Certificate of Assumed Business
4. The name and address to which fute correspondence should be addresse ANDREW APPLETON 213 1/2 S. MAIN STREET, #1 MOSCOW, ID 83843	Secretary or State
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
Signature:	Secretary of State use only
Printed Name: ANDREW MARK APPLETON	IDAHO SECRETARY OF ST.
Capacity/Title: OWNER/SOLE PROPRIETOR	05/21/2014 05:00 CK:1082 CT:158010 BH:1425625
Signature:	1@ 25.00 = 25.00 ASSUM NAME #
Printed Name:	
Canacity/Title:	D171373