



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

2015 APR -1 AM 9:0

FILED EFFECTIVE

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

Extreme Staffing and Payroll

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
<u>Extreme Staffing of Idaho LLC</u>	<u>1021 Blue Lakes Blvd</u>
<u>(W93531)</u>	<u>Twin Falls ID</u>
	<u>83301</u>

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 | |

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

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

Extreme Staffing
1021 Blue Lakes Blvd
Twin Falls ID 83301

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

Derrick Hope
1002 Warm Springs Rd
Twin Falls ID 83301

Signature: [Signature]

Printed Name: Derrick Hope

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/01/2015 05:00

CK:60305 CT:283899 BH:1468808
1@ 25.00 = 25.00 ASSUM NAME #2

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