



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 APR 22 AM 8:46

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

SECRETARY OF STATE
STATE OF IDAHO

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

Treasure Valley Bocce League

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Michael Nielsen</u>	<u>P.O. Box 70</u>
<u></u>	<u>Eagle, ID 83616</u>
<u></u>	<u></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:

P.O. Box 70
Eagle, ID 83616

5. Name and address for this acknowledgment

copy is (if other than # 4 above):

P.O. Box 70
Eagle ID 83616

Signature: Michael Nielsen

Printed Name: Michael Nielsen

Capacity/Title: President

Signature: Michael Nielsen

Printed Name: Michael Nielsen

Capacity/Title: Secretary

Secretary of State use only

IDAHO SECRETARY OF STATE

04/22/2014 05:00

CK:1638 CT:295974 BH:1421398
1@ 25.00 = 25.00 ASSUM NAME #2

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