



# 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.

2012 FEB 28 AM 8:39  
 SECRETARY OF STATE  
 STATE OF IDAHO

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

Oasis Summer Feeding Program

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>               |
|---|---------------------------------------|
| Treasure Valley Christian Center, INC.<br><br><i>(C74485)</i> | 3211 Fircrest Ave. Caldwell, ID 83605 |
|   |                                       |
|   |                                       |

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:

Reverend Royce D. Wright  
 3211 Fircrest Ave.  
 Caldwell, ID 83605

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

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

Same  
 \_\_\_\_\_

Signature: Royce D. Wright

Printed Name: Royce D. Wright

Capacity/Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
 02/28/2012 05:00  
 CK: 13975 CT: 267527 BH: 1312657  
 1 @ 25.00 = 25.00 ASSUM NAME # 3

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