FILED EFFECTIVE



## **CERTIFICATE OF** ASSUMED BUSINESS NAME 2013 JUN -7 AM 11: 37

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

SECRETARY OF STATE STATE OF IDAHO

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

2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Wood River Foundation, Inc.  (C185797)	es) of the entity or individual(s) doing me: <u>Complete Address</u> PO Box 345, Sun Valley ID 83353
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed: Wood River Foundation PO Box 345 Sun Valley ID 83353  5. Name and address for this acknowledgmen copy is (if other than # 4 above):	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
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rinted Marne: Morley Golden	
apacity/Title: President  gnature:	
rinted Name:	1
apacity/Title:	

IDAHO SECRETARY OF STATE

96/97/2013 95:00

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9/21/2012