CERTIFICATE OF ASSUMED BUSINESS NAME

FILED

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

99 MAY 17 AM 8:12

SECRETARY OF STATE
STATE OF IDAHO

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

Crisis Center of Magic Valley

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

Name	Complete Address
Volunteers Against Violence, Inc. (C69877)	P.O. Box 2444 Twin Falls Id 83301

3. The general type of business transacted under the assumed business name is (mark only those that apply)

☐ Retail Trade	☐ Manufacturing	☐ Transportation and Public Utilities
☐ Wholesale Trade	☐ Agriculture	☐ Finance, Insurance, and Real Estate
☒ Services	☐ Construction	☐ Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional) 208-733-0100

Crisis Center of Magic Valley
P.O Box 2444
Twin Falls Id 83301

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

Submit Certificate of Assumed Business Name and $20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

Signature Melva Hemrick

Printed Name: Melva Hemrick

Capacity: Board Mem

(see instruction # 5 on back of form)

IDAHO SECRETARY OF STATE
05/17/1999 09:00
CK: 3979 CT: 115563 BH: 217144
1 @ 20.00 = 20.00 ASSUM NAME # 2

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