



# 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.

**FILED EFFECTIVE**

2015 NOV -9 AM 10:46

SECRETARY OF STATE  
STATE OF IDAHO

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

Haiti Deaf Academy

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

Name

Commissioned Believers Deaf Ministry *Inc.*

*(C157160)*

Complete Address

PO Box 1680 Meridian, ID 83680

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:

Haiti Deaf Academy (HDA)

PO Box 1680

Meridian, ID 83680

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: *Kathryn Montoya*

Printed Name: Kathryn Montoya

Capacity/Title: Executive Director

Signature: *MH*

Printed Name: Mike Holman

Capacity/Title: President BOD

Secretary of State use only

IDaho SECRETARY OF STATE

11/10/2015 05:00

CK:9008 ET:316647 BH:1499833  
10 25.00 = 25.00 ASSUM NAME #2

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