

FILED**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly)

99 APR 12 AM



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. STATE OF IDAHO

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

HARVEST TIME MINISTRIES

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
DONALD CASEY

Complete Address

4905 INDUSTRIAL WAY W

COEUR D ALENE ID. 83815

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Donald Casey

4905 Industrial Way W

Coeur D Alene ID. 83815

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

IDAHO SECRETARY OF STATE

04/12/1999 09:00
CX: 92271671613 CT: 113907 IN: 206069

1 @ 20.00 = 20.00 ASSUM NAME 12

D 24926

Signature: _____

Printed Name: Donald Casey

Capacity: President

(see instruction # 8 on back of form)

Revision 2/87

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