Capacity:

(see instruction # 8 on back of form)

27			1	
	CERTIFICATE OF ASSUMED (Please type or print legibly. See ins	D BUS	SINESS NAME (5)	
	To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Co gives notice of adoption of an Assume	ode, the	undersigned	THE PERSON NAMED IN COLUMN TO PERSON NAMED I
1.	The assumed business name which the undersign business is:	11.	S.	
	Friends of Idaho Public Television			
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 Friends of Idaho Public Television, Un KUID/KCDT, Inc.		nplete Address Ly of Idaho	
	P.(	O. Box		
	(C55203) Mos	scow, I	D 83844-3101	
3.	The general type of business transacted under the (mark only those that apply)	ned business name is:		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	_	nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future correspondence should be addressed:	number	(optional):	
	Joy Fisher, President	ſ	Submit Certificate of	
	P.O. Box 443101		Assumed Business Name and <b>\$20.00</b> fee to:	
	Moscow, ID 83844-3101		Secretary of State	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):  Idaho Public Television  1455 N. Orchard		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	Boise, ID 83706		Secretary of State use only	
	Attn: Phillip Kottraba		IDAHO SECRETARY OF STATE	
Signatu	ire: Jay dil	(	02/16/2001 09:00 X: 55697 CT: 142384 MH: 379757	
Printed	Name: Joy Fisher		1 8 20.00 = 20.00 ASSUM NAME 0 2	

D42754