

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 07 DEC 28 AM 8: 49

All ED TREE CHAR SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

SVC	CA, Hailey
2. The true name(s) and business address(e business under the assumed business na Name SUN VALLEY CENTER FOR THE ARTS, INC. (Non-profit)	es) of the entity or individual(s) doing me: Complete Address P.O. Box 656, Sun Valley, Idaho 83353
The general type of business transacted u	nder the assumed business name is:
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: SUN VALLEY CENTER FOR THE ARTS, INC. P.O. Box 656 Sun Valley, Idaho 83353	Submit Certificate of Assumed Business
Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
ignature:	rs/abn.p65
rinted Name: SAM GAPPMAYER	Revised 04/2003
Capacity/Title: Executive Director (see instruction # 8 on back of form)	Solves of State of St

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