

FILED EFFECTIVE



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.

NOTE: See instructions on reverse before filing.

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

NEW LIFE PRISON MINISTRY

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

Name

DONALD WILLS
ROBIN WILLS

Complete Address

NC 66 Box 312K po Box 392 83539
NC 66 Box 312K po Box 392 83539

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:

DON WILLS
PO BOX 392 KOOSKIA ID.
83539

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

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

Phone number (optional):

208 926 4253

Secretary of State use only

Signature: Don Wills

(signature required)

Printed Name: DON WILLS

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
03/09/2006 05:00
CK: 7066 CT: 150810 BH: 942090
1 @ 25.00 = 25.00 ASSUM NAME # 2

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