



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 filling.

2006 NOV 21 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

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

business is: Robert Stuart Jr. High PTSO

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

Name

Complete Address

Robin Sharp
Tracy Bradford
Tamra Dixon

3549 N. 2500 E.
Twin Falls, ID 83301

- 3. The general type of business transacted under the assumed business name is:**

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Robin Sharp
3549 N 2500 E
T.F. ID. 83301

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

D.L. EVANS BANK
215 BLUE LAKES BLVD. N
P.O. BOX 87
TWIN FALLS, ID 83303

Signature: Dawn B. Galt

Printed Name: Robin Sharp

Capacity/Title: Treasurer

(see instruction # 8 on back of form)

**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**

Phone number (optional):

(208) 539-9997

Secretary of State use only

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IDAHO SECRETARY OF STATE
11/21/2006 05:00
CK: 9059148 CT: 24085 BH: 1014860
1 @ 25.00 = 25.00 ASSUM NAME # 2

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