

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned subjnits for filing a certificate of Assumed Business Manel 11 6 Ph. 12: 30

NOTE: See instruction or print legibly.	19 17/12: 3n
NOTE: See instructions on reverse be	More filing
	arote Hilling. The Control of the Co
1. The assumed business name which the ubusiness is	
business is	undersigned use(s) in the transportion of
	(a) in the transaction of
Tite Spring Sancti	1 4 4 4
	Mary
The true name(s) and <u>business</u> address(exbusiness under the assumed business named)	3
business under the assumed business nam	s) of the entity or individual(s) doing
Name Name	ne:
	Complete Address
Diona lewalt	Dr. O. Min D. 10
Amy Hunter	PD BOX 1463 Priest River ID 83556
	POBOX 1963, Priest River, ID 83856
3. The general type of business transacted ur	
ype of business transacted ur	nder the assumed business
Retail Trade Transportation	and business name is:
	and Public Utilities
Construction	
Services Agriculture	
Manufak	Submit Certificate of
1 1 1 1 1 1 1 1 1 1	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	25.∞
correspondence should be addressed:	Secretary of State
control should be addressed:	700 West Jefferson
Lite Spring Sanctuary	Basement West
Do Day Wind Date Thank	PO Box 83720
PD BOX 1463	Boise ID 83720-0080
Priest River, ID 83856	208 334-2301
5 Name 1	
5. Name and address for this acknowledgment	Phone must
copy is (if other than # 4 above):	Phone number (optional):
	1208/21-5-9001
	Mandays 10-4
	Thursdays 10-4
	*Secretary of State use only
nature:	€ t 000
Cary Call wat	100

IDAHO SECRETARY OF STATE

06/16/2005 05:00

CK: 3185 CT: 158010 BH: 816456
1 0 25.00 = 25.00 ASSUN NAME # 3

88860

Sign

Printed Name:

Capacity:\_\_

President

(see instruction # 8 on back of form)