



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

**FILED EFFECTIVE**

**09 MAR -3 AM 8:26**

SECRETARY OF STATE  
STATE OF IDAHO

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:

La Alianza

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

Name  
Advocates for Survivors of Domestic Violence  
and Sexual Assault, Inc.

Complete Address  
P.O. Box 3216, Hailey, ID 83333

C 98474

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

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

Idaho Secretary of State  
450 N 4th Street PO Box  
83720 Boise ID  
83720-0080 (208)  
334-2301

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

The Advocates  
P.O. Box 3216  
Hailey, ID 83333

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

Secretary of State use only

Signature:

(signature required)

Printed Name:

Tricia Swartling

Capacity/Title:

Executive Director

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE  
03/03/2009 05:00  
CK: 16294 CT: 168347 DN: 1159383  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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