



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.

FILED EFFECTIVE

06 MAY 31 PM 12:43

SECRETARY OF STATE
STATE OF IDAHO

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

LIFE TRANSFORMATIONS SPIRITUAL LEARNING CENTER

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

HEATHER MARIE VINCE

2424 N. 30th, Boise Idaho 83703

SONIA PAULETTE DIXON

2424 N. 30th, Boise ID 83703

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:

LIFE TRANSFORMATIONS

2424 N. 30th Boise ID. 83703

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

Phone number (optional):

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

Secretary of State use only

Signature

Heather M. Vincke
(signature required)

Printed Name:

HEATHER M. VINCKE

Capacity/Title:

PARTNER

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
05/31/2006 05:00
CK: 818395 CT: 172099 BH: 957481
1 @ 25.00 = 25.00 ASSUM NAME # 2