

227

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.

09 APR 20 AM 9:46

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:

Compassion Fund Online

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

Name
The Vacation Fund LLC
(W81409)

Complete Address
301 W. Guy Hailey Id 83333
PO BOX 1419 Hailey Id 83333

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:

Lorraine Kuntz
Box 1419
Hailey Id 83333

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

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

/

Signature: Lorraine Kuntz
(Signature required)

Printed Name: Lorraine Kuntz

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Checklist Form 5005
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
04/20/2009 05:00
CX: 226631 CT: 172899 DM: 1166768
1 # 25.00 - 25.00 ASSUM NAME # 2

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