CEFFICATE OF ASSUMED BUSINESS NAME, Flease type or print legibly. See Instructions on reverse.)  To the SECRETARY OF STATE, STATE OF IDAHO  Russuant to Section 53-504, Idaho Code, the undersigned			
gives notice of adoption of an Assumed Business Name.			
1. ~	The assumed business name which the unbusiness is:    Fifz Sand	_	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address		
,	latural Youth Alliance and HC-1 Box 213  Academy 18 Spirit Lake, ID		
	The general type of business transacted un		
-	(mark only those that apply)  Retail Trade	g 🗌 Tra 🔲 Fina 🔀 Min	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed: $\Lambda/t/A$	Phone number	(optional): 308-623 - 4242
	HC-1 BOX 2/3		Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Spirit Lake, ID 8  Name and address for this acknowledgme copy is (if other than # 4 above):  Same as # 4		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Revision 1/98	Secretary of State use only IDAHU SECKETARY OF STATE  07/26/2000 09:00
1 # 28.88 = 29.88 ASSUM NAME # 2			
Printed Name: Gerald Kasik  Capacity: NYAA - Secretary Treasurer  (see instruction # 8 on back of form)  37776			