



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.

FILE EFFECTIVE

05 OCT -4 PM 3:10

SECRETARY OF STATE
STATE OF IDAHO

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

PARKSIDE SCHOOL

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

PARKSIDE SCHOOL EDUCATION FOUNDATION, INC. 1938 Parkside Dr. Boise ID 83712

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:

PATRICIA ROWAN

1938 PARKSIDE DR.

BOISE ID 83712

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

ALLEN R. POWERS

4231 S. STARGAZER PL.

BOISE ID 83716

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

Phone number (optional):

208-867-9645

Secretary of State use only

Signature: Allen R. Powers
(signature required)

Printed Name: ALLEN R. POWERS

Capacity/Title: SECRETARY FOR CORPORATION

(see instruction # 8 on back of form)

g:\corp\formstatn\formslabn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/05/2005 05:00
CK: 626870 CT: 172899 BH: 915182
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 92358