



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED & PRACTICED

05 OCT -4 PM 3: 10

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:

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:

PATRICKA ROWAN
1938 Parkside Dr.
Boise ID 83712

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

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

ALLEN R. POWERS
4231 S. STARGAZER PL.
Boise ID 83716

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)