



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2014 OCT 24 AM 9:11

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**  
**Instructions are included on back of application.**

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

Chanceworth Christian Preparatory 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                            |
|----------------------------------|---------------------------------------------|
| <u>Tim &amp; Rhonda Morauske</u> | <u>1127 Purple Sage Way Eagle, ID 83616</u> |
| <u>Scott &amp; Rachel Bohst</u>  | <u>835 Los Luceros Dr, Eagle, ID 83616</u>  |

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 |                                                              |

Submit Certificate of Assumed Business Name and **\$25.00** fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Rhonda Morauske  
1127 Purple Sage Way  
Eagle, Id 83616

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

\_\_\_\_\_  
\_\_\_\_\_

Signature: *Rhonda Morauske*

Printed Name: Rhonda Morauske

Capacity/Title: Founder

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
**10/24/2014 05:00**  
CK:3773 CT:135766 BH:1446551  
1@ 25.00 = 25.00 ASSUM NAME #2

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