Signature: XX

Capacity/Title:

Printed Name

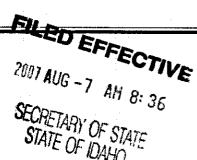
(see instruction # 8 on back of form)

## 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.



ST. DOMINIC'S S	CHOOL
The true name(s) and business address(es) of the ebusiness under the assumed business name:  Name	entity or individual(s) doing  Complete Address
THETHIRD ORDER OF ST DOMINIC, MC 39	5 SHERINGHAMINZ
AN IDAHO cuporahan Bo	
(C125237)	
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate  The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
THE THIRD OFDER OF ST. DOMINIC, INC	PO Box 83720
3995 SHERINGHAM DR	Boise ID 83720-0080 208 334-2301
BOFE, 1083704	200 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
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