



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.

FILED EFFECTIVE

2007 MAY -2 AM 10:15

SECRETARY OF STATE
STATE OF IDAHO

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

Blackfoot Community Volleyball

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

Merri Drake
Cherie Hansen

870 S. Fisher Av, Blackfoot, ID
50 S. Shilling, Blackfoot, ID 83221

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:

Merri Ann Drake
1211 Rachel Dr
Blackfoot, ID 83221

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

Signature: Merri Ann Drake
(signature required)

Printed Name: MERRI ANN DRAKE

Capacity/Title: Co-organizer
(see instruction # 8 on back of form)

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):

208-785-4588

Secretary of State use only

D110954

IDAHO SECRETARY OF STATE
05/02/2007 05:00
CK: 1643 CT: 210586 BH: 1051199
1 @ 25.00 = 25.00 ASSUM NAME # 2