

CERTIFICATE OF ASSUMED BUSINESS NAME

10 SEP 20 AM 9: 01

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

SECRETARY OF STATE STATE OF IDAHO

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

The true name/s) and husiness address/	
business under the assumed business na Name	es) of the entity or individual(s) doing ame: <u>Complete Address</u>
	nristian and Missionary Alliance, Inc.
(C 188213)	2545 St Johns Ave, Billings, MT 59102
Wholesale Trade Construction	on and Public Utilities
✓ Services	Submit Certificate of Assumed Business te Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: RMD C&MA 	Secretary of State 450 North 4th Street PO Box 83720
2545 St Johns Ave, Billings, MT 59102	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than #4 above):	ent
	Secretary of State use only
nature:	
ited Name: Timothy P Owen	•
pacity/Title: President	-
nature:	IDAHO SECRETARY OF STATE 99/20/2010 05:00
nted Name:	CK: 9964 CT: 157434 BH: 123963 1 @ 25.00 = 25.00 ASSUM NAME

abn.pmd Rev. 07/2010 D142204