CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 DEC 30 AM 8: 38

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

SECF BY OF STATE STATE OF IDAHO

The Connection	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Transparent Life Ministries Inc (0146848)	s) of the entity or individual(s) doing me: <u>Complete Address</u> 5555 Hwy 95 New Meadows Idaho 83654
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: The Connection PO Box 328 New Meadows, ID 83654	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature: Oplie Opvol	Secretary of State use only
Printed Name: Julie Good U	
Capacity/Title: Secretary/Treasurer	•
Signature:	IDAHO SECRETARY OF STATE - 12/30/2010 05:00 CK: 5011 CT: 253901 BH: 1253080
Printed Name:	1 P 25.00 = 25.00 ASSUM NAME #

abn.pmd Rev. 07/2010 D144255