

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME....

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 37 AUG = 7 AM 8: 37 submits for filling a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE- VIC

the Order of Ac	achers
The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name:	0
Name	Complete Address
the third Order of St Dominic, Un an Iclaho corporation 3 (C125237)	C
an Iclaho corporation	395 Sheringham for
(C125237) I	30se 10 83704
The general type of business transacted under the	
The general type of buomeous surnesses since since	
Retail Trade Transportation and Pu	ublic Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West PO Box 83720
third Order of St. Dominichic	Boise ID 83720-0080
345 Sheringham Tor	208 334-2301
Base 10 83704	
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	
	Secretary of State use only

IDAHO SECRETARY OF STATE

08/67/2007 65:00

CK: 299 CT: 216229 BH: 1869519

1 # 25.08 = 25.00 ASSUM NAME # 5

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