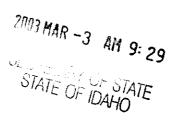
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## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Wood River Co	ommunity YMCA
. The true name(s) and business address(es) business under the assumed business nam	) of the entity or individual(s) doing e:
Name	Complete Address
The Foundation, Inc. sustaining the	200 West River Street, Suite 103
Bill Janss Activity Center	P. O. Box 6801
C 109675	Ketchum, Idaho 83340
☐ Wholesale Trade ☐ Construction	and Public Utilities
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and <b>\$20.00</b> fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
P. O. Box 6801	PO Box 83720
Ketchum, Idaho 83340	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above).	ent Phone number (optional):

Printed Name: Mc Cape Wolfer

Capacity/Title: Director of Development

(see instruction # 8 on back of form)

g:corpitormstation formstation Revised 09/2002

IDAHO SECRETARY OF STATE @3/@3/20@3 @5 = @@ CK: 2763 CT: 158010 BH: 666106 1 @ 20.00 = 20.00 ASSUM NAME # ;

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