

CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 AUG 22 AM 8: 47 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

TREASURE V	ALLEY KIWANIS CLUB
The true name(s) and business address business under the assumed business r Name ROBBI L BLESSIN	G(es) of the entity or individual(s) doing name: Complete Address 174 E MAINE AVE STE 124 NAMPA ID 83686
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business
4. The name and address to which future correspondence should be addressed: TREASURE VALLEY KIWANIS CLUB 174 E MAINE AVE STE 124	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
NAMPA, ID 83686 5. Name and address for this acknowledg copy is (if other than # 4 above):	
	Secretary of State use only
gnature: RMLBean	- OII4417
inted Name: ROBBI L BLESSIN apacity/Title: OWNER	O O O O O O O O O O