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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu Please type or print legibly.	e undersigned isiness Name.
NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name	e: Complete Address
David Jar Campbell	2269 W. Jester WAY
DAVIDE Jay Campsell	Post Falls, ID
	B3B54
 3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: True Light Ministries 2269 W. Jester Way Post Falls, TD 63854 5. Name and address for this acknowledgme copy is (if other than #4 above): 	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): (209)777-1844
Signature: David Grad Of required) Printed Name: David Jay Campbell Capacity/Title: Owner (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 10/16/2003 $05:00CK: 3912 CT: 158010 BH: 76682210:25.00 = 25.00$ ASSUM WARE I 2 0:49740