



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

**2016 NOV -2 AM 9:07**

**SECRETARY OF STATE  
STATE OF IDAHO**

1. The assumed business name which the undersigned use(s) in the transaction business is:

CornerStone Christian Fellowship NW

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

CornerStone Christian Ministries 810 N. Chase Rd., Post Falls, ID. 83854

(Name) (Address)

CornerStone Christian Acad 810 N. Chase Rd., Post Falls, ID. 83854

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

CornerStone Christian Fellowship NW

(Name)

810 N. Chase Rd.

(Address)

Post Falls, ID. 83854

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Rev. John O. Young

Signature: Rev. John O. Young

Printed Name: Rev. Kimberly N. Young, M.Ed.

Signature: Rev. Kimberly N. Young M.Ed.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**11/02/2016 05:00**

CK:5581 CT:249137 BH:1553435

10 25.00 = 25.00 ASSUM NAME #2

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