

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

08 JUL -9 PM 1: 29

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

MOTE: 366 filstructions on reverse before mi	<b>ny.</b>
1. The assumed business name which the undersignation business is:  Seventh DAY ADV	
The true name(s) and business address(es) of to business under the assumed business name:     Name	
Jeff HAGOOD	1016 N 52 Nd ST NAMPA ID 83687
The general type of business transacted under t	he assumed business name is:
<ul> <li>☐ Retail Trade</li> <li>☐ Wholesale Trade</li> <li>☐ Construction</li> <li>☐ Agriculture</li> <li>☐ Manufacturing</li> <li>☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Seventh Day Advent men ministrice	Idaho Secretary of State 450 N 4th Street PO Box 83720 Shoise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	
10/6 N 52 WND ST NAMED TO 83687	Secretary of State use only
Signature: (signature required)  Printed Name: Teff +VACooD  Capacity/Title: PASTOC	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	0123188

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1. The assumed business name which the under business is:  Seventh DAY AD	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing
3. The general type of business transacted und	and the state of t
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sevent DAY Advent MINISTER	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  JEFF HAGOOD	
ignature: Secund 57  NAMPA DD 83687  ignature: (signature required)  crinted Name: Jeff + NAGOOD  capacity/Title: PASTOC  (see instruction # 8 on back of form)	Secretary of State use only    Secretary of State use only
	D 123188