



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 SEP 26 AM 9:42

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE  
STATE OF IDAHO

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

~~one~~ - The Estate Store - We've Got Stubb  
~~one~~

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>New Life Community Church</u>	<u>6068 W. Hayden Ave</u>
<u>of the Assemblies of God</u>	<u>Rathdrum, Id 83858</u>
<u>a Religious Corporation</u>	
<u>(C99510)</u>	

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

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

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

New Life Comm Church  
Attn: Stette Cowliard  
6068 W. Hayden Ave

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

~~one~~ Molly Shirey  
5126 Twila CRT  
Post Falls, Id 83854

Rathdrum, Id 83858  
208-684-3606

208-659-3177

Secretary of State use only

Signature: Molly Shirey

Printed Name: Molly Shirey

Capacity/Title: Ministry Leader

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

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

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
09/26/2011 05:00  
CK: 6130 CT: 262751 BH: 1291825  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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