

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 JAN 27 AM 9: 1

SECRETARY OF STA STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	The Yellow Couch	
The true name(s) and <u>business</u> business under the assumed bu	address(es) of the entity or individual(s) siness name:	doing
<u>Name</u>	Complete Address	ž
Mentoring Youth Supporting Teens, Ir	nc. PO Box 1256, McCall, ID 83638	
(C189426)		
_ · · · · _	nsacted under the assumed business n	ame is:
	nsportation and Public Utilities	
	nstruction	
	riculture Submit Certificate	of
_	Assumed Busines	
☐ Finance, Insurance, and R	leal Estate Name and \$25.00	fee to:
. The name and address to which	future Secretary of State	, 1
correspondence should be addr		
Mentoring Youth Supporting Teens, In	PO Box 83720 Boise ID 83720-0	₀₀₀
PO Box 1256	208 334-2301	060
McCall, ID 83638		
. Name and address for this ackn	owledgment	
COPY is (if other than # 4 above):		
<u> </u>		
	Secretary of Str	ate use only
nature:		
ted Name: Casey Travis		
acity/Title: Executive Director		
ature:		
ted Name:		
pacity/Title:	IDAHO	SECRETARY OF STATE
wordy, 1100	01/2/	/2012 05:

abri.pmd Rev. 07/2010

1 0 25.00 = 25.00 ASSUM NAME # 2