FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
 The assumed business name which the undersigned use(s) in the transaction of business is: Twin Falls Creative Arts Center The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Address 	
Monica Tognetti 249 Main Ave. West. Twin Fall 10. 83301 (SAME)	5
3. The general type of business transacted under the assumed business name is: Service - Arts education center See categories on the reverse	
4. The name and address to which correspondence should be addressed: Karen Fotherail. 249 Main Ave. Twin Falls, ID 83301 Signed Rarew Durant By Capacity Orward Durant	
Submit Certificate of Assumed Business name and \$20.00 fee to: Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 IBAHU SECRETARY OF STATE	
W7/11/2000 09:00 CX: 5 CT: 133489 BH: 332721	

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