



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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

DESERT HOPE MINISTRIES

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

Name _____

Complete Address

JOHN KING

P.O. Box 189 Mtn. Home, ID. 83647

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

Retail Trade Transportation
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

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

DESERT HOPE MINISTRIES

PO Box 189
MTN Home ID 83647

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208-334-2301

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

Phone number (optional):

Signature: John

Printed Name: John N. King

Capacity/Tiles: 100

(see instruction #8 on back of form)

Information transmission.pdf

Secretary of State use only

IDaho SECRETARY OF STATE
03/20/2006 05:00
CK: 500 CT: 198272 BH: 944271
1 @ 25.00 = 25.00 ASSUM NAME # 2

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