

FILED EFFECTIVE

227



**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:

IDAHO-EASTERN OREGON LIONS SIGHT & HEARING FOUNDATION INC.

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
<u>IDAHO LIONS Sight and Hearing Foundation Inc.</u> <u>C 41127</u>	<u>1055 N CURTIS Rd</u> <u>BOISE ID 83706</u>

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

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

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

IDAHO-EASTERN OREGON LIONS
SIGHT AND HEARING FOUNDATION INC.

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):

208 367-2400

Signature:

Printed Name: Tom Jones

Capacity/Title: 5 yrs Associate

(see Instruction # 8 on back of form)

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Secretary of State use only

IDaho SECRETARY OF STATE
04/17/2006 05:00
CK: 779418 CT: 172099 BH: 949739
1 @ 25.00 = 25.00 ASSUM NAME # 2

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