



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

7/06 FEB 24 M 9:56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Twin Falls Clele Volleyball

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

Name

Brenda L. Traveller

Complete Address

4008 N. Canyon Ridge Dr.
Twin Falls, ID
83301

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:

4008 N. Canyon Ridge Dr.
Twin Falls, ID 83301

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):

534-4951

Signature:

Brenda Traveller
(signature required)

Printed Name:

Brenda Traveller

Capacity/Title:

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(see instruction # 8 on back of form)

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Revised 4/2003

Secretary of State use only

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02/24/2006 05:00
CK: 32008337 CT: 158010 BH: 939447
1 @ 25.00 = 25.00 ASSUM NAME # 2

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