



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**  
2017 MAR 13 AM 10:59

SECRETARY OF STATE  
STATE OF IDAHO

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

Wood River Valley Harvest Fest

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) SUN VALLEY INSTITUTE (Address) PO Box 5569 Ketchum, ID  
(Name) FOR RESILIENCE INC (Address) 83340

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

(Name) C204946 (Address) \_\_\_\_\_

(Name) \_\_\_\_\_ (Address) \_\_\_\_\_

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

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

4. Mailing address for future correspondence:

(Name) 40 Aimee Christensen  
(Address) PO Box 5569  
(City) Ketchum, ID (State) 83340 (Zipcode)

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

(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Printed Name: AIMEE CHRISTENSEN

Signature: *Aimee Christensen*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/13/2017 05:00

CK:5126 CT:312858 BH:1573420  
1@ 25.00 = 25.00 ASSUM NAME #2

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