	CERTIFICATE OF ASSUI	MED BUSINESS NAME FILED
7	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Idaho Intercessory Pro	ayer Coulition
2.	The true name(s) and business address(ex business under the assumed business name Name	, , , , , , , , , , , , , , , , , , , ,
	Rev. D. R. Douglas	7950 W. Rebblestone St. Meridian ID 83642
3.	The general type of business transacted u (mark only those that apply)	
4.	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction Religious, Etc. The name and address to which future correspondence should be addressed:	Finance, Insurance, and Real Estate
	Same as above	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only 1DAHO SECRETARY OF STATE 64/15/1998 09:00 CK: 1145 CT: 97347 BH: 101195
_	ire: Mouglas	1 0 20.00 = 28.00 ASSUM NAME
	ity: President (Coordinator) (see Instruction # 8 on back of form)	D14C2-1