

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.

2013 JUL -3 AM 10: 30

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Syringa Mountain School	
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name Wood River Waldorf Methods School, a public charter school, Inc.	s) of the entity or individual(s) doing me: <u>Complete Address</u> PO Box 3531, Hailey, Idaho 83333
3.	The general type of business transacted un	nder the assumed business name is: n and Public Utilities Submit Certificate of
	Finance, Insurance, and Real Estate	Accumed Dunings
4.	The name and address to which future correspondence should be addressed: Dr. Mary Gervase PO Box 3531 Hailey, Idaho 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 sbove):	nt .
Signat	ture: May Your	Secretary of State use only
	d Name: Pr. Mary Gervase	
	ure:	
Printed	d Name:	IDAHO SECRETARY OF STATE
Capac	city/Title:	CK: 1464287 CT: 172099 BH: 138076
Z012	abripmd Rev. 07/20	1 0 25.00 = 25.00 ASSUM NAME #

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