



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

09 OCT 29 PM 1:06

SECRETARY OF STATE
STATE OF IDAHO

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:

Streams of Hope

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
Streams in the Desert International	3686 N 2710 E
Ministries, Inc.	Twin Falls, Idaho
(C174918)	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:

Streams of Hope

3686 N 2710 E

Twin Falls, Idaho 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: Craig R Shepherd

(signature required)

Craig R Shepherd

Printed Name: _____

Capacity/Title: President

(see instruction # 8 on back of form)

Information Form 1065
Revised 04/2003

IDaho SECRETARY OF STATE
10/29/2009 05:00
CK: 106 CT: 241882 BH: 1193250
1 E 25.00 = 25.00 ASSUM NAME # 2

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