

## 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.

08 FEB 21 PM 1: 25

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigne business is:	d use(s) in the transaction of
the Storehouse Chu	rch
2. The true name(s) and <u>business</u> address(es) of the estimates under the assumed business name:  Name  Regina Collins  David Cullins	entity or individual(s) doing  Complete Address  4030 NMapk gyml  Bown Id 83704
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  4630 N May le Grove BOISE D 83704	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 450 North 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):	Phone number (optional):  323 5597
8	Secretary of State use only
VI / (1/1/1/1/2)	

Printed Name: David C. Clinic Paston

Capacity/Title: Chairman & Board of Elders

(see instruction # 8 or back of form)

Revised 04/2003

IDAHO SECRETARY OF STATE

02/21/2008 05:00

CK: 1043 CT: 222817 BH: 1100709

1 @ 25.00 = 25.00 ASSUM MAME # 2

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