

## **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

2015 FEB 11 PM 1:48

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

NeighborWorks Boise	
The true name(s) and <u>business</u> address( business under the assumed business name).	
<u>Name</u>	Complete Address
Neighborhood Housing Services, INC	3380 W Americana Terrace Ste 120 Boise 83706
(C70191)	
2. The second the second second	
3. The general type of business transacted	
	ion and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
☐ Finance, Insurance, and Real Esta	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
NeighborWorks Boise	PO Box 83720
3380 W Americana Terrace, Suite 120	Boise ID 83720-0080
Boise, ID 83706	208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Man Ch	. Secretary of State use only
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nted Name: Joseph O Swenson	IDAHO SECRETARY OF ST - 92/11/2015 05::
inted/Name: Joseph O Swenson apacity/Title: CEO	- 02/11/2015 05: - 02/11/2015 05: - CK:11165 CT:306303 BH: 16 25.00 = 25.00 ASSUM

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Printed Name:

Capacity/Title:\_