

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

2006 JUN 23 AM 9:27

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Center for Wisdom-In-Living

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
Community-Eldering Institute, Inc.	39733 Waha Lake Road, Lewiston, ID 83501
C 157027	

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:

David F. Bash III

39733 Waha Lake Road

Lewiston, ID 83501

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

Secretary of State
700 West Jefferson
Basement West
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):

208-798-7070

Secretary of State use only

Signature: David F. Bash III
(signature required)

Printed Name: DAVID F. BASH III

Capacity/Title: Executive Director

(see instruction # 8 on back of form)

Information Form 100
Rev 04/2003

IDAHO SECRETARY OF STATE
06/23/2006 05:00
CK: 1015 CT: 201683 BH: 961683
1 • 25.00 = 25.00 ASSUM NAME # 2

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