

Signature:

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JAN 22 PM 4: 04

1.	SECRETARY OF STATE			
	Volleyball Officiating Resources			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	Christopher J Saunders	665 N Stockhelm Way Eagle, ID 83616		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)	<del></del>	
	(Name)	(Address)		
3.	The general type of busines  Retail Trade  Wholesale Trade  Services	ss transacted under the Construction Agriculture Manufacturing	☐ Trans ☐ Minir	portation and Public Utilities
4.	Mailing address for future o	orrespondence:	5. Name and a copy is (if other	ddress for this acknowledgment
	Christopher J Saunders			
	(Name) 665 N Stockhelm Way		(Name)	
	(Address) Eagle	ID 83616	(Address)	
		State) (Zipcode)	(City)	(State) (Zipcode)
Pri	nted Name: Christopher J S	aunders		Secretary of State use only
Sig	nature:		;	IDAHO SECRETARY OF STATE
Printed Name:			CR: 354	01/22/2016 05:00 2578 CT:172099 BH:1510039
Sig	gnature:		10 25	.00 = 25.00 ASSUM NAME #2
Pri	nted Name:			183928

Rev. 08/2015