



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

2013 DEC 12 AM 8:57

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

CHURCH OF MISSION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>DAL TAMANG</u>	<u>2140 ELIZABETH BLVD. APT. 1A, TWIN FALLS, ID 83301</u>
<u>SOM RAI</u>	<u>802 BIRCHWOOD, TWIN FALLS, ID 83301</u>
<u>DADHI BISWA</u>	<u>346 WATCHMAKER, TWIN FALLS, ID 83301</u>

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 | |

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

4. The name and address to which future correspondence should be addressed:

DAL TAMANG
2140 ELIZABETH BLVD. APT. 1A
TWIN FALLS, ID 83301

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

Signature: [Signature]

Printed Name: DAL TAMANG

Capacity/Title: PASTOR

Signature: [Signature]

Printed Name: DADHI BISWA

Capacity/Title: YOUTH LEADER

Secretary of State use only

IDAHO SECRETARY OF STATE
12/12/2013 05:00
CK: 23844819 CT: 290560 BH: 1401443
1 @ 25.00 = 25.00 ASSUM NAME # 2

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