



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.

FILED/EF

02 MAR 20 AM 9:23

SECRETARY OF STATE
STATE OF IDAHO

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

COMMUNITY ACTION PARTNERSHIP

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 ACTION AGENCY, INC.

124 NEW 6TH STREET

(C-37441)

LEWISTON, ID 83501

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:

COMMUNITY ACTION PARTNERSHIP

124 NEW SIXTH STREET

LEWISTON, ID 83501

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

THEODORE O. CREASON

P. O. DRAWER 835

LEWISTON, ID 83501

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

Signature

Sherry McMullen

Printed Name: SHERRI McMILLEN

Capacity/Title: EXECUTIVE DIRECTOR

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_forms\abn.p65
Revised 01/2001

D 53135

IDAHO SECRETARY OF STATE
03/20/2002 05:00
CK: 60019 CT: 150010 BH: 453387
1 @ 20.00 = 20.00 ASSUM NAME # 2