

11 JUN -7 AM 9:04



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

CAMEROON BAPTIST CONVENTION HEALTH BOARD

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
<u>WARRI DENIS</u>	<u>P.O. Box 1, BAMBENDA, CAMEROON WEST AFRICA</u>
<u>TIH PIUS MUFFIH</u>	<u>P.O. Box 1, BAMBENDA, CAMEROON WEST AFRICA</u>

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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:

THOMAS K. WELTY  
939 FLYNN LANE  
MCCALL, ID 83639

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: [Signature]

Printed Name: WARRI DENIS

Capacity/Title: CHIEF OF ADMINISTRATION & FINANCE

Signature: [Signature]

Printed Name: Tih Pius Muffih

Capacity/Title: Director of Health Services

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/07/2011 05:00  
CK: 1033 CT: 259576 BH: 1277227  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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