

Printed Name: GAY WEAKE

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 01 JUN 25 AH 8: 56

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

SUN VALLEY CENTER FOR THE ARTS	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:	
<u>Name</u>	Complete Address
SUN VALLEY CENTER FOR THE ARTS, INC.	P.O. BOX 656
(C43557)	SUN VALLEY, ID 83353
	<u></u>
Retail Trade Transportation ar Wholesale Trade Construction	nd Public Utilities X NON PROFIT
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
SUN VALLEY CENTER FOR THE ARTS, INC. P.O. BOX 656	PO Box 83720 Boise ID 83720-0080 208 334-2301
SUN VALLEY, ID 83353	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
ature: Lay Weake	1007 C 1007
ed Name: GAY WEAKE	IDAHO SECRETARY OF STATE O7/06/2001 09:0
acity: EXECUTIVE DIRECTOR	6 07/06/2001 09=0 CK: 18335 CT: 147384_BH: 496
	1 @ 20.00 = 20.00 ASSUM NA

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