

Capacity/Title: __

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 DEC -4 PM 4: 21

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the understanding in the second control of the seco	signed use(s) in the transaction of
business is:	$\theta = 0$
- IKINITY TINES LAMP	+ Conference Center
2. The true name(s) and <u>business</u> address(es) of	the entity or individual(s) doing
business under the assumed business name:	, , , ,
Name ((C/42476)	Complete Address
TRINITY PINES FOUNDATION INC +	U Box 1159 Nampa dd 83653
Intermaintain Dietist Adusan	P.O. Box 1159 Nunger Id 8365]
Band Church of the Marguere cla	e
3. The general type of business transacted under	the assumed husiness name is:
Retail Trade Transportation and	
Wholesale Trade Construction	d I done offices
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
	Name and \$23.30 lee to.
The name and address to which future correspondence should be addressed:	Secretary of State
Lick Was Lla	450 North 4th Street PO Box 83720
55 SW 5# Am Ste 100	Boise ID 83720-0080
Meridian ID 83642	208 334-2301
5. Name and address for this acknowledgment	
COPY is (if other than # 4 above):	
Stephen Borger	İ
P.D. Box 1159'	
Nanpa 2d 83653	Secretary of State use only
Signature: Line Worth	TOTAL CHECKION DIE CHECKER
Printed Name: Kick Was Hey	IDAKO SECRETARY OF STATE 12/05/2014 05:00
Capacity/Title: Execution Direction	CK: 2405112 CT: 172099 BH: 1451736
Signature:	10 25.00 = 25.00 ASSUM NAME #2
Printed Name:	D.00-32
Capacity/Title:	D175320

abn.pmd Rev. 07/2010