CERTIFICATE OF ASSUMED BUSINES NAME (Please type or print legibly. See instructions on reversion of state, STATE, STATE OF IDAHO The undersigned 2 28 /11 100

	gives notice of adoption of an As	sumed b	ousiness Maine.
1.	The assumed business name which the und business is:	dersigne	d use(s) in the transaction of
	Entheos Academy		
	J		
2.	The true name(s) and business address(es) business under the assumed business nam		-
	Name		Complete Address
	B. Reneé Thomason 94	186 Hora	seshoe Bend Rd
		Boise	ID 83703
		_	•
3.	The general type of business transacted un (mark only those that apply)	der the a	assumed business name is:
	Retail Trade Manufacturing		Transportation and Public Utilities
	Wholesale Trade Agriculture		Finance, Insurance, and Real Estate
	Services Construction		Mining
4.	The name and address to which future PI	hone nur	mber (optional):
	correspondence should be addressed:		d, i
	Rhtheas Academu		Submit Certificate of
	SHOU How Ok a R I D I		Assumed Business
	8486 Horse Shoe Bend Rol.		Name and \$20.00 fee to:
	Boise ID 83703		Secretary of State
			700 West Jefferson
5.	Name and address for this acknowledgmen	t	Basement West
	COPy IS (if other than # 4 above).		PO Box 83720
			Boise ID 83720-0080 208 334-2301
			Constant of Otals was a state
		12/89	Secretary of State use only
		₽	TRANC SLORFTARY OF STATE

년3/09/2000 09:00 CK: 288 CT: 127924 8H: 297465

1 # 20.00 = 20.00 ASSUM NAME # 2

Signature: L. Renee Thomason

Printed Name: B. Rener Thomason

founder, director Counci Capacity:

(see instruction # 8 on back of form)