

**CERTIFICATE OF ASSUMED BUSINESS NAME**

(Please type or print legibly. See instructions on reverse.)

**FILED**

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned on **DEC 23 AM 9:19**  
gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned uses in the transaction of business is: **SECRETARY OF STATE**  
**STATE OF IDAHO**  
**MAGIC HOT SPRINGS YOUTH CAMP**

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>MZGA, LLC</u>	<u>158 BLAKE ST. N.</u>
<u># W 2491</u>	<u>TWIN FALLS, ID 83301</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

MZGA, LLC  
158 BLAKE ST. N.  
TWIN FALLS, ID 83301

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

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

Secretary of State use only

Signature: \_\_\_\_\_

Printed Name: James M. HutchingsCapacity: Executive Director

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

**12/23/1998 09:00**  
CK: 5968 CT: 100564 IN: 172821

1 @ 20.00 = 20.00 ASSUM NAME # 2

**D21244**