CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

FILED EFFECTIVE
2007 JUN 15 AM 8:27
SECRETARY OF STATE
STATE OF IDAHO

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

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
REV. KAREN THOMPSON	P.O. BOX 374 PRIEST RIVER, ID 83856

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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:
Albeni Falls Soldier Outreach
PO Box 374
Priest River, ID 83856

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

Phone number (optional):
208-448-1067

Signature: Karen Thompson
(signature required)
Printed Name: KAREN THOMPSON
Capacity/Title: REV.
(see instruction # 8 on back of form)

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Revised04/2003

Secretary of State use only

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IDAHO SECRETARY OF STATE
06/15/2007 08:00
CK: 2026 CT: 214399 BH: 1660152
1 @ 25.00 = 25.00 ASSUM NAME # 2