

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.

OT NOV 30 AM 9:17 SECRETARY OF STATE STATE OF IDAHO

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

 The assumed business name which the under business is: 	ersigned use(s) in the transaction of
_ Community Foundation	of Teten Valley
The true name(s) and business address(es) of business under the assumed business name Name	
	Complete Address
Community Foundation of Jacks	son Hole PO Box 574
(11603)	255 E. Simpsonst.
	Tackson wy 83001
3. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation a	nd Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The state and address to which lattice	Idaho Secretary of State 450 N 4th Street
correspondence should be addressed:	PO Box 83720
Karen Coleman	Boise ID 83720-0080
Community Foundation of Jac	kson/ 1e (208) 334-2301
Po Box 574	* - * * * * * * * * * * * * * * * * * *
5. Name and address for this acknowledgment	
copy is (if other than #4 above):	
OODY IS (II other than # 4 above).	
	Secretary of State use only
Signature: Hoven 4.T. Coleman	ENGLANCE TO SECRETARY OF STATE 12/03/2007 05:00 CK: 19338 CT: 220111 BH: 1088007 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name: Kaven Coleman	64 64 64 64 64 64 64 64 64 64 64 64 64 6
miles Marie. Foren Coleman	IDAHO SECRETARY OF STATE 12/03/2007 05:00
Capacity/Title: Vice Plesident, Finances	CK: 19338 CT: 220111 EH: 1088007 1 0 25.00 = 25.00 ASSUM MANE # 2
(see instruction # 8 on back of form)	
Operations	D117228