FILED/EFFECTIVE

	CERTIFICATE OF ASSUMED BUS (Please type or print legibly. See instruction		
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Notice OF 100 100 100 100 100 100 100 100 100 10			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	KAWZ	At a second seco	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Calvary Chapel of Twin Falls Inc. 4003 N	mplete Address . 3300 E, Twin Falls, ID 83301	
3.	The general type of business transacted under the assume (mark only those that apply)	med business name is:	
	☐ Wholesale Trade ☐ Agriculture ☐ Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning	
4.	The name and address to which future Phone number (optional):		
	Calvary Chapel 4002 N. 3300 E.	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Twin Falls, IU 83361	Secretary of State	
e		700 West Jefferson	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720	
		Boise ID 83720-0080 208 334-2301	
		Secretary of State use only	
	Beerg to continue to the conti		
Signature: / Piexx/ CX/		IDAHO SECRETARY OF STATE	
		09/15/2000 09:00 CK: 12184 CT: 62617 BH: 348688	
Capacity: President 19 20.86 = 20.88 ASSUM NAME # 2			
-	ity: President (see Instruction # 8 on back of form)		
	V	D38913	