



# 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  
02 AUG -6 PM 3:05

STATE OF IDAHO

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

Wings and Roots Program Foundation

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

Name

Douglas McConaughay

Complete Address

405 Creekside Place; Nampa, ID. 83686

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Douglas McConaughay  
405 Creekside Place  
Nampa, Idaho 83686

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

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

Phone number (optional):

208-466-3539

Signature: Douglas McConaughay  
(signature required)

Printed Name: Douglas McConaughay

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 07/2002

Secretary of State use only

DS7125  
IDAHo SECRETARY OF STATE  
08/07/2002 05:00  
CK: CASH CT: 158810 BH: 481194  
1 e 20.00 = 20.00 ASSUM NAME # 2