

227



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

JUL 29 AM 10:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

CLERK OF STATE
STATE OF IDAHO

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

Idaho Falls Family YMCA

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

Young Men's Chritian

130 N. Placer or

Association of Idaho

155 N. Corner

Falls, Idaho, Inc. C21741

Idaho Falls, ID 83402

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:

Idaho Falls Family YMCA

155 N. Corner

Idaho Falls, ID 83402

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):

208-523-0600

Secretary of State use only

Signature: Robert Wollenzien
(signature required)

Printed Name: Robert Wollenzien

Capacity/Title: CEO / Executive Director

(see instruction # 8 on back of form)

2: copy to record with form shall be paid
Revised 12/2001

IDAHO SECRETARY OF STATE
07/29/2002 05:00
CK: 38310 CT: 150010 BH: 479513
1 @ 20.00 = 20.00 ASSUM NAME # 2

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