



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

TO DEC -3 PM 1:06

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Sun Valley Chamber of Commerce

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
<u>Sun Valley Marketing Alliance INC</u>	<u>491 Sun Valley Road</u>
<u>CL08539</u>	<u>P.O. Box 2420</u>
	<u>Sun Valley Id 83353</u>

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Sun Valley Chamber of Commerce
P.O. Box 2420
Sun Valley Idaho 83353

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

Signature: Toni D. Bobue

Printed Name: Toni Dee Bobue

Capacity/Title: Board President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/03/2010 05:00
CK: 16258 CT: 158010 BH: 1249417
1 @ 25.00 = 25.00 ASSUM NAME # 2

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