CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned in

	gives notice of adoption of an Ass		· · · · · · · · · · · · · · · · · · ·
1.	The assumed business name which the und business is:		
	Colossal Publishing		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name Arron craft a		nplete Address h. Or. Namba, ID. 8365)
3.	The general type of business transacted und (mark only those that apply)	der the assu	med business name is:
	Retail Trade		nsportation and Public Utilities ance, Insurance, and Real Estate iing
4.	The name and address to which future Phone number (optional): correspondence should be addressed:		
	Arron Craft		Submit Certificate of
	26 N. Joseph Dr.		Assumed Business Name and \$20.00 fee to:
	Nampa, ID. 83651		Secretary of State
5.	Name and address for this acknowledgment	1	700 West Jefferson Basement West
	COPY IS (if other than # 4 above).		PO Box 83720 Boise ID 83720-0080
			208 334-2301
		66	Secretary of State use only 1DAHO SECRETARY OF STATE
			06/23/2000 09:00
gnati	ire: dran crast		K: CASH CT: 132782 BH: 328801 1 € 20.00 ≈ 20.00 ASSIM NAME # 2

Sig

Printed Name: Arron Craft

Capacity: President

(see instruction # 8 on back of form)