

## CERTIFICATE OF

## FILED EFFECTIVE

## **ASSUMED BUSINESS NAME**

11 JUN 16 AM 9: 12

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

SECRE BY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersign business is:  Sax Julien Multimedia	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:     Name	Complete Address
Jason Olsen 81	1 Wallace ave evrolAlive Fol 83814
3. The general type of business transacted under the Retail Trade Transportation and F  Wholesale Trade Construction	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:    Juson Olson   Bil Wallace Ave   CoeurclAlence To 83814	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
inted Name: Jasov (1500) apacity/Title: Grow of Poba gnature: Jun Ou	IDANO SECRETARY OF STATE 06/16/2011 05:00
rinted Name:	CK: 416209394 CT: 158818 BH: 1275 1 8 25.88 = 25.88 ASSUM NAME N
Capacity/Title:	

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