



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:

2004 DEC -9 AM 8:59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Full Circle Films

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>Kelly Donnellan</u>	<u>327 E. 8th St</u>
<u></u>	<u>MOSCOW, ID 83843</u>
<u></u>	<u></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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Kelly Donnellan
327 E. 8th St
MOSCOW, ID 83843

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

Phone number (optional):

Secretary of State use only

AS2517

Signature: *Kelly Donnellan* (signature required)

Printed Name: Kelly Donnellan

Capacity/Title: President

(see instruction # 8 on back of form)

g:\ccop\form\abn_form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
12/09/2004 05:00
CK: 1090 CT: 150010 BH: 700661
1 @ 25.00 = 25.00 ASSUM NAME # 2