

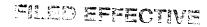
## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



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SEGRETATE OF STATE STATE OF IDAHO

Snake River Music Learning Center	
The true name(s) and business address business under the assumed business name     Name     David Glen Wheeler	(es) of the entity or individual(s) doing name:  Complete Address  PO Box 193, Hagerman,ID 83332-0193
	tion and Public Utilities
<ul> <li>Wholesale Trade ☐ Construction</li> <li>Services ☐ Agriculture</li> <li>Manufacturing ☐ Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:      David Glen Wheeler     PO Box 193     Hagerman, ID 83332	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledg copy is (if other than # 4 above):</li> </ol>	ment Phone number (optional):  (208) 539-0620
	Secretary of State use only
gnature: Vai Blub	Secretary of State   Secretary of Se
inted Name: David Glen Wheeler	E
apacity/Title: Owner	CK: 1196616 CT: 172099 BH: 1063