

Printed Name: ____

Capacity/Title: __

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

11 OCT 21 AM 9:06

SECRETARY OF STATE STATE OF IDAHO

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

World Fre	eride Festival
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Media Knievel, LLC W) 9863/	
 The general type of business transacted u Retail Trade	n and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Media Knievel, LLC 420 Golconda Dr.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Hailey, ID 83333	208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt
eature:	Secretary of State use only
red Name: Mark Sulliva	
acity/Title: founder	
nature:	IDANO SECRETARY BE STATE

10/21/2011 05:00 CK: 2784 CT: 263496 BH: 1295889 1 0 25.00 = 25.00 ASSUM NAME # 2