

FILED EFFECTIVE
2003 NOV 10 AM 9:35
CLERK OF DISTRICT COURT
STATE OF IDAHO



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.

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

ProTheaters

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Greg Fluckiger

Kory Lloyd

Complete Address

457 Park Dr., Twin Falls, ID 83301

2913 E 3600 N #153, Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☒ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Kory Lloyd

2913 E 3600 N #153

Twin Falls, ID 83301

**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

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

Phone number (optional):

Secretary of State use only

Signature:

Kory Lopez
(signature required)

(signature required)

Printed Name:

Kory Lloyd

Capacity/Title:

Partner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE

11/10/2003 05:00

CK: 926 CT: 158010 BH: 710877

1 @ 25.00 = 25.00 ASSUM NAME # 2

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