

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2005 JUL -7 PM 3: 27

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

SECRETARY OF STATE STATE OF IDAYO

Please type or print legibly.

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	NOTE: See instructions on reverse before filing.	• 1	
	NOTE: See management	- stop of	
	e assumed business name which the undersigned u	se(s) in the transaction of	
1 T	he assumed business name which the diagram		
, h	sinessis: Wolfe Land Video		
_	MAND LUNC VILLE		
		doing	
	e true name(s) and business address(es) of the enti	ty or individual(s) doing	
2.	e true name(s) and business address name:	\	
	siness under the assumed business name:	Complete Address	
	Name O () and less	12 Par 749	
	Divis and live tweets	P.O. V.D.A.	
	of which was	agerman to	
		83352	
		and business name is:	
	It was of business transacted under the as	sumed business name is:	
3.	The general type of business transacted under the as		
	Tenesportation and Publ	ic Utilities	
	Trade Construction	u.a. differente of	
	Services Agriculture	Submit Certificate of	
	Services	Assumed Business Name and \$25.00 fee to:	
		Name and \$25.00 fee to: \$2.00	
	Finance, Insurance, and Real Estate	50140	
	F II I I I I I I I I I I I I I I I I I	Secretary of State	
4	The name and address to which future	700 West Jefferson	
'	chrrespondence should be addressed:	Basement West	
	Manual and Mach	PO Box 83720	
ł	Villerala viole	Boise ID 83720-0080	
		208 334-2301	
16	10000049	20x-27-2080	l
l l	10 FD X Haverman Id 8533	Phone number (optional):	i
	this acknowledgment	A LIGHT HALLMAN A A	}
1	5. Hame and address for this definition		
1	opy is (if other than # 4 above).		ıl
11		Secretary of State use only	
1		Secretary of States and States	
11			
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1	Will amount !		
- ∐ Si	gnature: (mignature/required)		
-	inted vame: Divide Charles Colored Col	IDAHO SECRETARY OF STATE	
∥ Pr	inted Name: 17 1 10 0 7	07/07/2005 05 ± 00	0
		CK: 567471 CT: 172899 BH: 8200	906
	(see instruction # 8 on back of form)	1 8 25.00 = 25.00 ASSUM NAME	
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