

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 AUG 28 PM 12: 16

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before	re filing.
The assumed business name which the undersigned use(s) in the transaction of business is:      Revolutions Entertainment	
2. The true name(s) and business address(es) business under the assumed business nam Name  Tanelle Wilson	
process of the state of the sta	der the assumed business name is:
<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 Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Revolutions Entertainment  2214 N. 3154 St  Boise TD 83703	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
Signature: Janelle Wilson  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  ##################################