



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.

FILED EFFECTIVE

08 MAY 29 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

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

Time Line Studios

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

Name

Alberto Astorga

Complete Address

663 Cedar Brook Dr

Twin Falls ID 83301

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Alberto Astorga

663 Cedar Brook Dr

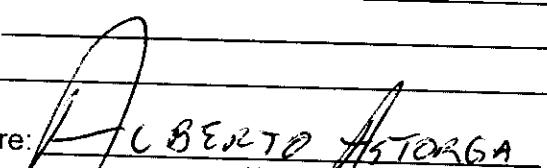
Twin Falls ID 83301

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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


Signature: ALBERTO ASTORGA
(signature required)

Printed Name: Alberto Astorga

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDaho SECRETARY OF STATE
05/29/2008 05:00
CK: 1280 CT: 226426 BH: 1117244
1 @ 25.00 = 25.00 ASSUM NAME # 3