

FILED EFFECTIVE

227



# 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.

Re-instatement of previous dba. which was Impact Radio Group, LLC, to Impact Radio Group

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

Impact Radio Group

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

Name

FM Idaho., LLC

W8278

Complete Address

21361 Highway 30

Twin Falls, Idaho 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:

Emily de Vera

5660 Franklin Rd., Suite 200

Nampa, ID 83687

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0060

(208) 334-2301

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

Signature: Emily de Vera

(signature required)

Printed Name: \_\_\_\_\_

Emily de Vera

Capacity/Title: \_\_\_\_\_

Business Manager

(see instruction # 8 on back of form)

Secretary of State use only

Idaho Secretary of State  
Revised 6/2008

IDAHO SECRETARY OF STATE  
02/11/2008 05:00  
CK: 1455971 CT: 172899 BH: 1099110  
1 0 25.00 = 25.00 ASSUM NAME # 2

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