

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 MAR 12 AM 9:06

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

Nouveau Entertainment

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

| Name                      | Complete Address       |                        |
|---------------------------|------------------------|------------------------|
| <u>Tracey Lynn Bowdan</u> | <u>11961 W. Musket</u> | <u>Boise, ID 83713</u> |
| _____                     | _____                  | _____                  |
| _____                     | _____                  | _____                  |

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:

Tracey L. Bowdan  
11961 W. Musket  
Boise, ID. 83713

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

NA

Signature: \_\_\_\_\_

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

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

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and **\$20.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional): \_\_\_\_\_

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE  
03/12/2003 05:00  
CK: 1709 CT: 158810 BH: 668076  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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