	CERTIFICATE OF ASSUM (Please type or print legibly. S To the SECRETARY OF STATE, STATE	iee instruction	EDEFICE S: 07
1.	Pursuant to Section 53-504, Idal gives notice of adoption of an As The assumed business name which the unbusiness is:  FRONTIER CINEMA	ssumed Busi dersigned us	ness Name.
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address		
	Richard M. Lehosit	8810 Sa Boise, I	n Marino daho 83704
3.	The general type of business transacted un (mark only those that apply)  Retail Trade	y 🗌 Tra	med business name is: ansportation and Public Utilities ance, Insurance, and Real Estate
4.	The name and address to which future P correspondence should be addressed:		r (optional): 208-322-5246
5.	Kichard M. Lehosit  8810 San Marine  Boise, Idaho 83704  Name and address for this acknowledgmen copy is (if other than #4 above):	t	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
		90	STATE SECRE STATE HE STATE

Printed Name: Richard M. Lehosit

Capacity: **BWNER** 

(see instruction # 8 on back of form)

Revision 1/96

g:\corpVorms\abn.p65

198.08 = 28.06 ASSUM NAME # 2

033822