



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED FOR EFFECTIVE

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.

2003 FEB 14 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

Studio 2000

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

Name
Kevin Mills

Complete Address
599 E. 44th St. unit 6
Boise, Idaho
83714

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 type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input checked="" 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:

Studio 2000
599 E. 44th St. unit 6
Boise, Idaho 83714

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

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

Phone number (optional):

323-2999

Signature: Kevin Mills
(signature required)
 Printed Name: Kevin Mills
 Capacity/Title: OWNER

(see instruction # 8 on back of form)

9 corpforms/lnb/lnb.p65
 Revised 07/2002

IDAHO SECRETARY OF STATE
 02/14/2003 05:00
 CK: 1186 CT: 158010 BH: 663036
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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