



# 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 MAR 31 AM 9:57  
SECRETARY OF STATE  
STATE OF IDAHO

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

Mrs. KDJ Karaoke & Sound

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

Name

Tresa Johnson

Complete Address

PO Box 1381, Pinehurst, ID 83850

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:

Tresa Johnson

PO Box 1381

Pinehurst, ID 83850

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):

Secretary of State use only

Signature: Tresa M. Johnson

(signature required)

Printed Name: Tresa M. Johnson

Capacity/Title: owner

(see instruction # 8 on back of form)

g:\corporate\forms\slabn.p65  
Revised 04/2008

IDAHO SECRETARY OF STATE  
03/31/2008 05:00  
CK: 2365 CT: 158010 BH: 1107424  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 120419