



**CERTIFICATE OF
ASSUMED BUSINESS NAME**

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

FILED/EFFECTIVE
6-12-13 - 5:11 PM

SEP 10 12 33 PM '01

SECRET
STAT

Please type or print legibly.
NOTE: See instructions on reverse before filing.

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

HALEY PRODUCTIONS

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 (Home)

KATHRYN C. HALEY 4120 SHAMROCK AVE
BONNE JO 83713

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation
<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:

4120 SHAMROCK AVE
BOISE ID 83713

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):

Secretary of State use only

Signature: Kathryn Hales

Printed Name: KATHRYN HAFY

Capacity: Safe operator

(see instruction # 8 on back of form)

:\corp\Forms\Labn forms\Labn.p65
Revised 01/2001

IDaho SECRETARY OF STATE
119/10/2001 05:00
CK: NO CHECK # C1: 151074 BH: 418230
1 0 20.00 = 20.00 ASSUM NAME # 2

D48241