

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 APR -8 AM 8:51

SECTORY OF STATE STATE OF IDAHO

Please type or print legibly, Instructions are included on back of application.

1. The assumed business name which the under business is: AFTER DARK Det	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Michael T Black B	f the entity or individual(s) doing Complete Address (2) 1858 Halley Id. 83333
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: AFTER DETAILING P.O. Box 1858 Halley Id. 83333	Secretary of State 450 North 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):	
Signature: Mill TBLL	Secretary of State use only
Printed Name: Michael T Black	
Capacity/Title: ວພມ∈ຂ_	
signature:	IDAHO SECRETARY OF STATE
Printed Name:	O4/08/2011 05:00 CK: 3024 CT: 150010 BH: 1260312 1 0 25.00 = 25.00 ASSUM MANE #
Capacity/Title:	

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