



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2006 JUN -7 AM 9:19

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Phaedrus Media Services

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

Jared Nathan Miller

313 S. Monroe St., Moscow, ID 83843

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 |                                                              |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Jared Miller

313 S. Monroe St.

Moscow, ID 83843

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

Phone number (optional):

Secretary of State use only

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Jared Miller

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

g:\coord\formal\in format\in p85  
Rev/Issd 04/2003

IDAHO SECRETARY OF STATE  
06/07/2006 05:00  
CK: 1381 CT: 170637 BH: 958653  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D100603