

## **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. Q: [3] -3 PH 3: 59

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

Zoom Video Productions	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Scott A. Goodkin	ne entity or individual(s) doing  Complete Address  P.O. Box 62, Eagle, Idaho 83616
3. The general type of business transacted under t	
Wholesale Trade ☐ Construction  ✓ Services ☐ Agriculture  ☐ Manufacturing ☐ Mining  ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Zoom Video Productions  P.O. Box 62  Eagle, ID 83616	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  Phone number (optional):
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	- Hono Harrison (opional).
gnature:  Scott A. Goodkin  Apacity/Title:  Owner/Videographer  (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE