CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)  To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned	
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the ubusiness is:  Aspen Sounds	undersigned use(s) in the transaction of
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Complete Address	
Sandra L. Williams	Complete Address 252 MAdison Twinfalls, lekilie 252 Madison, Twinfalls, lekilie
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)	
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  Kahlan Williams  252 Madison	Submit Certificate of Assumed Buşiness Name and \$20.00 fee to:
Twin falls, Idaho 833  208) 734 - 2615  5. Name and address for this acknowledgme copy is (if other than #4 above):	Rasement West
	Secretary of State use only  IDANO SECRETARY OF STATE  24/13/2400 09:00  CK: 199 CT: 129729 BH: 388654
rinted Name: Kahlan Williams	1 # 20.00 = 20.00 ASSUM NAME # 2
apacity: Manager  # 199 (see instruction # 8 on back of form)	24945