

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

2015 JAN 13 PH 12: 05

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

SECRETARY OF STATE STATE OF IDAHO

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

Hwy 30 Music Fest     The true name(s) and <u>business</u> address business under the assumed business n	
Name	Complete Address
Smokin Soldier Productions ( K12-36)	620 Titleist Ct. Twin Falls, ID 83301
Megan Schroeder	620 Titleist Ct. Twin Falls, ID 83301
Gordon Schroeder	620 Titleist Ct. Twin Falls, ID 83301
<ul> <li>Services</li></ul>	Submit Certificate of Assumed Business
Megan Schroeder	PO Box 83720 Boise ID 83720-0080
620 Titleist Ct. Twin Falls, ID 83301	208 334-2301
5. Name and address for this acknowledgn copy is (if other than # 4 above):	nent
iMaga ~ 2-1	Secretary of State use only
nature: MI gain Shiveder	IDAHO SECRETARY OF STATE
nted Name: Megan Schroeder	01/13/2015 05:00
pacity/Title:Partner	CK:635 CT:305141 BH:145

CK: 635 CT: 305141 BH: 1456953 1@ 25.00 = 25.00 ASSUM NAME #2

D176046

Signature: \_\_\_

Printed Name: Gordon Schroeder

Capacity/Title: Partner