

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. 11 JUL 12 AM 8: 28

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

SECT BY OF STATE STATE OF IDAHO

Survelience Systems of Idaho	
2. The true name(s) and <u>business</u> additional business under the assumed business <u>Name</u> Lincoln County Chronicle, LLC (W97953)	dress(es) of the entity or individual(s) doing ness name: Complete Address PO Box 16, Shoshone, Idaho 83352-0016
Retail Trade Trans Wholesale Trade Cons	Assumed Business
The name and address to which fur correspondence should be address Survelience Systems of Idaho PO Box 16 Shoshone, Idaho, 83352	Secretary of State
5. Name and address for this acknow copy is (if other than # 4 above):	riedgment
ignature: Tracy R3om	Secretary of State use only
rinted Name: Tracy R Bowlin apacity/Title: Owner/President	
rinted Name: capacity/Title:	IDAHO SECRETARY OF STATE 07/12/2011 05:00 CK: 1505 CT: 260594 BH: 1202131 1 0 25.00 = 25.00 ASSUM NAME #

abri.pmd Rev. 07/2010

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