

D 1602

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



To the SECRETARY OF STATE, STATE OF IDAHO

FEB 28 9 50 AM '97

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE

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

Fort Hazel Magic

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>M. Tristan Andreas</u>	<u>1400 Hill Rd. Boise 83702</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Retail Trade   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade  | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services<br><i>music recording and production</i> | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Fort Hazel Magic

P.O. Box 1192

Boise ID 83701

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: M. Tristan Andreas

Printed Name: M. Tristan Andreas

Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 02/28/1997  
0900 68324 2  
CK #: 5649 CUST#: 77359  
ASSUM NAME 1@ 20.00= 20.00

# : D

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