

## 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.

12 FEB -8 PM 1:04

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

STATE OF IDAHO.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Living Jo	oyfully Free		
2.	The true name(s) and <u>business</u> address(es business under the assumed business name  Name  Lisa Buffaloe Productions, L.L.C.  (W110852)	ne:	entity or individual(s) doing <u>Complete Address</u> Claret Cup Way, Meridian, Idaho 83646	
3.	The general type of business transacted under the last of the last	n and Pub		
4.	The name and address to which future correspondence should be addressed: Lisa Buffaloe Productions, L.L.C.  5728 N. Claret Cup Way		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Meridian, Idaho 83646  Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
Sians	ature: Lisa Buffafa		Secretary of State use only	
rinte	ed Name: Lisa Buffaloe			
Capacity/Title: Member  Signature:  Printed Name:			IDAHO SECRETARY OF STATE <b>82/08/2012 05:00</b> CK: 1254 CT: 266799 BH: 1309775 1 0 25.00 = 25.00 ASSUM MANE # 3	
	city/Title:			