

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

11 FEB 24 AM 8: 2

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

SECRIT RRY OF STATE STATE OF IDAHO

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

The W	Veekly Sun
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name The Weekly Paper, LLC 78834	es) of the entity or individual(s) doing nme: Complete Address P. O. Box 2711, 16 West Croy, Halley ID 83333
3. The general type of business transacted uses a large and the second of the second o	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: The Weekly Paper, LLC P. O. Box 2711 Hailey, ID 83333	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
ignature:	Secretary of State use only
ignature:	IDANO SECRETARY OF STAT
Drinted Name:	IDANO SECRETARY OF

abn.omd Rev 07/2010

IDANO SECRETARY OF STATE 02/24/2011 05:00 CK: 1909 CT: 255688 BH: 1261493 1 9 25.00 = 25.00 ASSUM NAME # 2