

Capacity/Title:____

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 APR 23 AM 10: 12

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

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: Preview Productions	
2. The true name(s) and business address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address Post Falls, Stagecoach Dr. ID 83854
3. The general type of business transacted under the Retail Trade ☐ Transportation and Poly Wholesale Trade ☐ Construction Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jil A. Moses, CEO Review Productions	·
2503 Stagecoach Dr. Post Fall 5, ID 83854 5. Name and address for this acknowledgment copy is (if other than #4 above): Same as above	208 334-2301 Phone number (optional): 208-659-6597 Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE