

227

# 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:

2004 JUL 12 AM 9:27

Please type or print legibly.

**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

BROKER AGENT MAGAZINE

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

Name

MIKE ROSEN

Complete Address

1602 E. Seltice Way  
SUITE A #307  
POST FALLS, ID 83854

3. The general type of business transacted under the assumed business name is:

Retail Trade

Transportation and Public Utilities

Wholesale Trade

Construction

Services

Agriculture

Manufacturing

Mining

Finance, Insurance, and Real Estate

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

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

BROKER AGENT MAGAZINE  
% MIKE ROSEN  
1602 E. Seltice Way, SUITE A #307  
POST FALLS, IDAHO 83854

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

Secretary of State use only

Signature:

(signature required)

Printed Name: MIKE ROSEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

078151

IDAHO SECRETARY OF STATE  
07/12/2004 05:00  
CK: 6650 CT: 150010 BH: 755042  
1 @ 25.00 = 25.00 ASSUM NAME # 2