227



Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

11 MAY 20 AM 9: 33

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

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

SECRED RY OF STATE
STATE OF IDAHO

Instructions are included on back of application.	
1. The assumed business name which the business is: Divisiona Divisional	undersigned use(s) in the transaction of
- Pivision Digital	
2. The true name(s) and <u>business</u> address business under the assumed business Name John Boltz	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	ation and Public Utilities tion re Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: DIVISION Digital ALW WYOMING #7 hayden	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above).	ment
	Secretary of State use only
Signature:	_
Printed Name: John 3047	
Capacity/Title: CFO / OWNER	_
Signature: Jan 3/102	_
Printed Name: John Boltz	IDAHO SECRETARY OF STATE

abn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
05/20/2011 05:00
CK: 203207735863 CT: 158810 BH: 1274669
1 8 25.00 = 25.88 ASSUM MANE # 2

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