

Capacity/Title:___

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the un submits for filing a portificate of Assumed Business	NAME Indersigned The season of the season
submits for filing a certificate of Assumed Busin Please type or print legibly. Instructions are included on back of applications.	SECRET AM
The assumed business name which the under business is: OLD THING-	
2. The true name(s) and <u>business</u> address(es) or business under the assumed business name: Name RADIO THRIFT LLC 13(6)(16385)	f the entity or individual(s) doing Complete Address CE PECAN, GENESEE, ID83832
3. The general type of business transacted under Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: RADIO THRIFT LLC 130 E PECAN, GENESEE, ID. 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720
Signature: GAM PETERSON Printed Name: EARY PETERSON Capacity/Title: MANAGER Signature: Printed Name:	IDAHO SECRETARY OF STATE 08/13/2012 05:00 CK: 1053 CT: 273212 BH: 1335656 1 0 25.00 = 25.00 ASSUM WAME # 3

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FILED EFFECTIVE