

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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. 2009 JAN -7 AM 11: 30

SECRETARY OF STATE STATE OF IDAHO

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2. The true name(s) and business address(es business under the assumed business name Name  Fore Visual Effects, Inc.   () () () () () () () () () () () () () (	s) of the entity or individual(s) doing ne: Complete Address 3499 W. Kirkham St., Meridian, ID 83646
	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  c/o AIS Consulting, Inc.	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
924 N 22nd St.	(208) 334-2301
Boise, ID 83702  5. Name and address for this acknowledgme copy is (if other than #4 above):	ent
	Secretary of State use only
gnature: Kaucus Januardo (elgrature refuired) rinted Name: Ramona Shamseldin	1DAHO SECRETARY OF STATE  1 1 2 7 2 6 2 9 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
apacity/Title: Ramona Shamseldin  President	1DANO SECRETARY OF STATE 01/07/2609 95:0