Printed Name:,

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

TLED/EFFECTIVE

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

CIME OF BAND

Please type or print legibly. NOTE: See instructions on reverse before filing.

1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	Sunburst Guitar Go	allery
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
	Name	Complete Address
	Marid Campbell 4.	11 Leaduille Aire, Suite 1
	$\overline{\mathcal{D}}$	12 BDV 1480
		etchum ID 83340.1680
3.	The general type of business transacted under the assumed business name is:	
	Retail Trade Transportation and Wholesale Trade Construction	d Public Utilities
	Services Agriculture	Submit Certificate of
	☐ Manufacturing ☐ Mining	Assumed Business
	Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4.	The name and address to which future correspondence should be addressed: David Campbell PD, Box 1880 Ketchum, ID 83340-148	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): 2-08-726-5850
		Secretary of State use only
anat	ture: Windows	8

IDAHO SECRETARY OF STATE

@2/@3/20@3 @5:00

CK: 456 CT: 158010 BH: 660670
1 @ 20.00 = 20.00 ASSUM NAME # 2

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