



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

11 MAR 11 PM 2:03

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

300 Boise.com

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

<u>Name</u>	<u>Complete Address</u>
<u>Jameson Creative LLC</u>	<u>2078 N. Arrow Wood Ave</u>
<u>W 101428</u>	<u>Meridian, ID 83646</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Christopher Jameson
2078 N. Arrow Wood Ave
Meridian, ID 83646

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

Christopher Jameson
2078 N. Arrow Wood Ave
Meridian, ID 83646

Signature: [Handwritten Signature]

Printed Name: Christopher Jameson

Capacity/Title: Owner

Signature: _____

Printed Name: N/A

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/11/2011 05:00
CK: 627077 CT: 172099 BH: 1263936
1 @ 25.00 = 25.00 ASSUM NAME # 3

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