

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 AUG 23 AM 8:39

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

SECRETARY OF STATE STATE OF IDAHO

BlueW	Volf VideoWorks
The true name(s) and <u>business</u> address business under the assumed business name Name Justin L Blenkle	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	ition and Public Utilities ion Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Justin L Blenkle 4548 W. Fernan Dr. Spirit Lake, ID 83869	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than #4 above):	ment -
a find by	Secretary of State use only
inted Name: Justin L Blenkle	0141567
apacity/Title:_Owner gnature: inted Name:	IDAHO SECRETARY OF STATE