## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAH 99 JUL 23 PM 1: 11 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: erae Theatrics 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Snow Goose 1 266) 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Services Construction Phone number (optional): 208-884 0994 4. The name and address to which future VERGE THEATRICS Submit Certificate of 2661 N SNOW GOOSE WAY Assumed Business MERIDIAN ID 83642 Name and \$20.00 fee to: 6661 N. Snow Goose Way Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS.(if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 07/23/1999 09:00 CK: 1122 CT: 100292 BH: 236314 Signature / local ( 1 8 20.08 = 20.08 ASSUM MAME # 2 Printed Name: Joan Capacity: General

(see instruction # 8 on back of form)