## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

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CE TO	Pursuant to Section 53-504, Idah gives notice of adoption of an As		_
1.	The assumed business name which the und business is:  Freedom Comn	dersigned us nunicatio	STATE OF IDAHO
2.	The true name(s) and business address(es business under the assumed business name hay lalerie Leavitt	e is/are:	or individual(s) doing nplete Address iJH Lh Nampar Id 83086
3.	The general type of business transacted un (mark only those that apply)  Retail Trade Manufacturing Wholesale Trade Agriculture  Services Construction	ı 🗌 Tra	nsportation and Public Utilities ance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	hone number	(optional): <u>465-4797 or</u> 989-1263 Ceil
5.	Freedom Communications  638 Byth Un  Nampa 1d 83686  Name and address for this acknowledgmen copy is (if other than #4 above):	t -	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		n 1/88	Secretary of State use only IDAHO SECRETARY OF STATE
gnatu	ire: Mhw Flavith	Revision 1/88	01/11/1999 09:00 CK: 1338 CT: 109357 3H: 177337
inted	Name: Valerie Leavitt	8	1 # 28.86 # 28.86 ASSUN NAME # 2

Si Pr Capacity: <u>Oresiden</u>

(see instruction #8 on back of form)

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