



# 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.

2004 APR 15 AM 8:37

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

CLERK OF STATE  
STATE OF IDAHO

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

Cloud Studios

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>Claudia F. Cloud</u>	<u>1054 Cassia St. IDAHO FALLS, ID</u>
	<u>83402</u>

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade             | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input 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  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

C. F. Cloud  
dba Cloud Studios  
1054 Cassia St., IDAHO FALLS, ID 83402

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

Phone number (optional):

Signature: C. F. Cloud

(signature required)

Printed Name: C. F. Cloud

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/15/2004 05:00  
CK: 2600 CT: 150010 DH: 739357  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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