

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 DEC 16 AM 9: 39

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Masterpiece Home Theater 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
3. The general type of business transacted un	nder the assumed business name is:
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
ManufacturingMiningFinance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Matt Gregson	PO Box 83720
147 Stanford Ave.	Boise ID 83720-0080
Pocatello, ID 83201	208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
CODY IS (if other than # 4 above).	(208)232-5023
4-	Secretary of State use only
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gnature: Math Greater	IDAHO SECRETARY OF STATE OF ST
(signature/equired)	Hewised O42003
inted Name: Math Gregson	levised (evised
apacity/Title: Civinen	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	CK: 983 CT: 158010 BH: 9

E 25.00 = 25.00 ASSUM NAME # 2

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