	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the	undersigned *** ********************************
1.	The assumed business name which the un		Contract to the contract of th
	business is: VIE MUSIC		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	elisabeth Name Blin	508 Kr	mplete Address all Baise 83712 -
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business name is:
	✓ Retail Trade ☐ Manufacturing ✓ Wholesale Trade ☐ Agriculture ✓ Services ☐ Construction	Fin	ance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:		
	Vie music 508 Krall		Submit Certificate of Assumed Business
			Name and \$20.00 fee to:
	Boye-ID-837/2-		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	Basement West PO Box 83720
			Boise ID 83720-0080 208 334-2301
		60	BAND FERKET BEST OF ST PIETY
		Revision 1/98	16/65/1999 69:66 CK: 1244 CT: 121362 BH: 255691
Signature:			
Printed Name: <u>elicabeth Blin</u> Capacity: <u>owner</u> DA976			D29761
Capacity: Owner			VV

(see instruction # 8 on back of form)