

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned FILED EFFECTIVE AM 9: 31

## Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: TETON VALLEY SCENE BEAT 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** CRAIG THRAN 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 CRAIG- THRAN Boise ID 83720-0080 PO BOX 158 208 334-2301 DRIGGS IN 5. Name and address for this acknowledgment CODV IS (if other than # 4 above). Secretary of State use only Signature:\_\_\_ Printed Name: CRAIG-THRAN Capacity/Title: OWNER IDANO SECRETARY OF STATE Signature: Printed Name:

11/21/2011 05:00 CK: 1602 CT: 158010 BH: 1298730 1 0 25:00 = 25:00 ASSUM NAME # 2

1)151472