



# 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.

03 MAR 19 AM 9:00

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

ALTERNATE REALITY IMAGE AND DESIGN

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Ty D. WAKEFIELD

Complete Address

301 MAIN ST. #202, LEWISTON, ID 83501

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Ty D. WAKEFIELD

301 MAIN ST. #202

LEWISTON, ID 83501

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

N/A

Secretary of State use only

Signature: Ty D. WAKEFIELD  
(Signature required)

Printed Name: Ty D. WAKEFIELD

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Form 53-504  
Revised 04/2003

100 25.00 = 25.00 ASSUM NAME # 2  
IDaho SECRETARY OF STATE  
03/19/2008 05:00  
CK: 3281 CT: 223986 BH: 1105385  
D 120130