227	FILED FFFECTIVE
CERTIFICATE OI	F
ASSUMED BUSINES	S NAME
Pursuant to Section 53-504, Idaho Code	the undersigned OC OCT -1, PM 1:38
submits for filing a certificate of Assumed Please type or print legibly.	1
NOTE: See instructions on reverse before	fore filing. SECRETARY OF STATE
1 The assumed business serve which up	
 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
	PAS
2 The true name (a) and the state	•
The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing
Name	Complete Address
Act On Marketing, LLC	P.O. Box 140513, Garden City, Idaho 83714
Nathaniel Templen Hood	P.O. Box 140513, Garden City, Idaho 83714
3. The general type of business transacted ur	nder the assumed business name is:
Wholesale Trade Construction	n and Public Utilities
Services Agriculture	
Manufacturing Mining	Submit Certificate of 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:	700 West Jefferson Basement West
Nathaniel Templen Hood	PO Box 83720
P.O. Box 140513, Garden City, Idaho 83714	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPY IS (if other than # 4 above).	
	Secretary of State use only
Signature 11 +	29d - Fe
Signature: / Caller - Hand	IDAHO SECRETARY OF STATE 10/04/2006 05::00 CK: 929127 CT: 172099 BH: 976620 10 25:00 = 25:00 ASSUM NAME # 4
Printed Name: Nathaniel Templen Hood	IDANO SECRETARY OF STATE 10/04/2006 05:00 IX: 92127 (T: 17999 PH: 674/20
Capacity/Title:Owner	Image: Second state CK: 929127 CT: 172099 BH: 978620 B 1 9 25.00 = 25.00 ASSUM NAME # 4
(see instruction # 8 on back of form)	DIOH319