



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
03 APR 10 PM 3:34
SECRETARY OF STATE
STATE OF IDAHO

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

William Olin's Bear Street Productions

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

Name

William G. Olin

Complete Address

718 Main Suite 6A
Caldwell Idaho
83605

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input 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:

3307 Pluto Cir.
Caldwell Idaho
83605

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional): _____

Signature: William G. Olin
(signature required)

Printed Name: William G. Olin

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:corp:form:slbn:formstat:085
Revised 09/2002

Secretary of State use only

064349

IDAHO SECRETARY OF STATE
04/10/2003 05:00
CK: CASH CT: 158010 BH: 674139
1 @ 25.00 = 25.00 ASSUM NAME # 2