



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

04 NOV -4 PM 4: 36

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:

DISCLAND

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

Name

BENJAMIN R. HOYLE

Complete Address

945 N. MAPLE GROVE RD. APT. 202

BOISE, ID. 83704

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

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

BENJAMIN R. HOYLE

945 N. MAPLE GROVE RD. APT. 202

BOISE, ID. 83704

Submit Certificate of Assumed Business Name and \$25.00 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):

BENJAMIN R. HOYLE

945 N. MAPLE GROVE RD. APT. 202

BOISE, ID. 83704

Phone number (optional):

1-208-377-1396

Signature: Benjamin R. Hoyle
(signature required)

Printed Name: BENJAMIN R. HOYLE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

p:\ccp\forms\labn\form\labn pd5
Revised 04/2003

IDAHO SECRETARY OF STATE
11/05/2004 05:00
CK: CASH CT: 158010 BH: 775025
1 @ 25.00 = 25.00 ASSUM NAME # 2

D81659