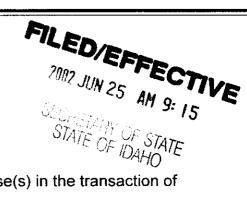


(see instruction #8 on back of form)

## **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.



D56082

The assumed business name which the under	ersigned use(s) in the transaction of
business is:  PRODUCTION ARTISTRY	
TROUGHTON TRITISTICS	
The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u>	Complete Address
BONNI L. SHIKRALLAH	3637 BUCKBOARD WY BOI ID 83713
3. The general type of business transacted unc	der the assumed business name is:
	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 acknowledgmer copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Bonni L. Shikallah  Printed Name: BONNI L. SHIKRALLAH  Capacity/Title: OWNER	IDAHO SECRETARY OF STATE  ### 1000