CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned State of Sta	
1. The assumed business name which the usiness is: Talking Walls	Indersigned use(s) in the transaction of
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
James Mangum NIA	Same Rivie ID 83443
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: Loni Beard 11859 E. Ririe Hwy.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Rivie ID 83443-504 5. Name and address for this acknowledgme copy is (if other than # 4 above): Same AS \$4 -	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
· · · · · · · · · · · · · · · · · · ·	IDANG SECRETARY STATE ONLY
Signature: Koni K. Beard	12/04/2900 09:00 CK: 4638 CT: 139188 BH: 364386 1 F 28.86 = 28.88 ASSUM NAME # 2
Printed Name: Loni L. Board	9 00-1:
Capacity: (see instruction # 8 on back of form)	D 40943