

Signature:

Printed Name:

Capacity/Title:

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.

1. The assumed business name which the undersigned use(s) in the transaction of business is: The Sound Guy 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Paul or Angelina Shaber 517 Cornwall Way Fruitland, Idaho 83619 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Paul or Angelina Shaber (208) 334-2301 517 Cornwall Way Fruitland, Idaho 83619 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only

Paul Shaber

Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE