

Capacity/Title: Owner

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

## FILED EFFECTIVE

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

05 DEC -8 PM 4:19

Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.	SECRET STATE
The assumed business name which the undersigned business is:	d use(s) in the transaction of
Mobile Sound	- Productions
2. The true name(s) and business address(es) of the e business under the assumed business name:	ntity or individual(s) doing
Robert D. Hawk	Complete Address
Mtn. Home ID 83647.	1) The south
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Pub Wholesale Trade Construction	olic Utilities
Services	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
175 E 12+2 MAN WIOY  Mts Home ID 93640	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (If other than # 4 above):	208 - 587 - 4835
	Secretary of State use only
ignature: (signature inquired)	
rinted Name: Rose F. D. Hawk	

IDAHO SECRETARY OF STATE
12/08/2005 05:00
CK: CASH CT: 158010 BH: 925893
1 @ 25.00 = 25.00 ASSUM NAME # 2