



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

06 JUL 31 AM 11:14

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:

VISUAL EDGE PRODUCTIONS

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

<u>Name</u>	<u>Complete Address</u>
<u>MARK HANKINSON</u>	<u>8779 MORNING MIST</u>
<u></u>	<u>BOISE IDAHO</u>
<u></u>	<u>83709</u>

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

8779 MORNING MIST
BOISE IDAHO 83709
VISUAL EDGE PRODUCTIONS

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

376 2324

Secretary of State use only

0102293

IDAHO SECRETARY OF STATE
07/31/2006 05:00
CK: CASH CT: 158010 BH: 967604
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: [Signature]

(signature required)

Printed Name: MARK HANKINSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)