



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

00 OCT - 6 AM 10:44
SECRETARY OF STATE
STATE OF IDAHO

FILED
ACTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

No Compromise DJs

2. 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
<u>Timothy Joseph Aulger</u>	<u>4027 N 3300 E Bid A</u>
	<u>Twin Falls Id. 83301</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208 735-2279

Tim Aulger
4027 N 3300 E Bid A
Twin Falls Id 83301

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

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

Signature: [Handwritten Signature]

Printed Name: Tim Aulger

Capacity: Owner / Manager

(see instruction # 8 on back of form)

Revision 1/98
g:\corp\forms\stbn.p65

Secretary of State use only

IDAHO SECRETARY OF STATE

10/06/2000 09:00
CK: 1264 CT: 136944 BH: 353155

1 @ 20.00 = 20.00 ASSUM NAME # 2

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