

CERTIFICATE OF ASSUMED BUSINESS NAME

NO DUPLICATE NAMES - NO 2: 19

SECRETARY OF STATE
STATE OF IDAHO

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.

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

Magic Valley Cello Studio

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

Christine E. Rasmussen 2080 Oakwood Dr.
John W. Rasmussen Twin Falls, ID 83301

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

Services
See categories on the reverse

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

Christine E. Rasmussen
2080 Oakwood Drive, Twin Falls, ID 83301
Signed Christine E. Rasmussen
By Christine E. Rasmussen
Capacity Owner

Submit Certificate of Assumed
Business name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

10/30/2000 09:00
CX: NO CK # CT: 137902 RM: 357737

1 @ 20.00 = 20.00 ASSUM NAME # 2

INSTRUCTIONS

D40137

FILED/EFFECTIVE