

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

D 158123

Pursuant to Section 53-504, Idaho Code, the undersigned 2012 SEP 17 AM 9: 33 submits for filing a certificate of Assumed Business Nar

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE
-- STATE OF IDAHO

business is:	DARK HORSE	COMMUNICATIONS
	assumed business na	es) of the entity or individual(s) doing me:  Complete Address  130 E MOSKEE ST MERIDIAN ID 83646
Retail Trade Wholesale To Services Manufacturin	Transportation Construction Agriculture	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  SHANNON LONG  130 E MOSKEE ST  MERIDIAN IDAHO 83646		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address copy is (if other than # 4	for this acknowledgme	ent
Signature: SHANNON	LONG LONG	Secretary of State use only
Capacity/Title: CEO Signature: LELAND LO Capacity/Title: COO		IDAHO SECRETARY OF STATE  199/17/2012 05:00  CK: 4249 CT: 274293 BH: 1348884  1 8 25.00 = 25.00 ASSUM NAME # 2