CERTIFICATE OF ASSUMED BUSINESS AME. (Please type or print legibly. See instructions on reverse.)

(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.					
1.	1. The assumed business name which the undersigned use(s) in the transaction of				
	business is: (CENTURY TV				
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	<u>Name</u>		Complete Address		
	RICHARD CARROLL F	ک ۱	Box 359, KUNA, ID 83634		
	ROBERT CARROLL	<u>20</u>	Box 359	9, KUNA ID 83634	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)				
	Retail Trade	-		nsportation and Public Utilities ince, Insurance, and Real Estate ing	
4.	The name and address to which future Phone number (optional):				
	ROBERT CARROLL			Submit Certificate of	
	PO BOX 359			Assumed Business	
				Name and \$20.00 fee to:	
	· KUNA, ID 83634			Secretary of State	
_	Name and address for this asknowledgmo	nt		700 West Jefferson	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	111	ļ	Basement West PO Box 83720	
	COPY TO (II Other than # 4 abovo).			Boise ID 83720-0080	
				208 334-2301	
				Secretary of State use only	
		12/99		IDAHO SECRETARY OF STATE	
		Revision 12/99	CK	33/15/2001 09:00 K: CASH CT: 143651 BH: 364883	
Signature:			1	1 9 20.06 = 20.00 ASSUM HAME # 2	
Printed Name: Kicharb Carrell & Grant Capacity: PARTHER . (con instruction # 8 on back of form)					
Capacity: YART NER *			SELONG.	1343581	