

Signature:

Printed Name: \_

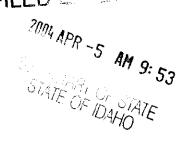
Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



	Club Z! In-Home Tutoring	
The true name(s) and business address(es) of the e business under the assumed business name:  Name  Sleepy Hollow Productions, Inc.	entity or individual(s) doing  Complete Address  624 W. Sandstone Court	
C 151725	Boise, ID 83702	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to: Secretary of State	
The name and address to which future correspondence should be addressed:	700 West Jefferson Basement West	
Sleepy Hollow Productions, Inc.	PO Box 83720	
	Boise ID 83720-0080 208 334-2301	
624 W. Sandstone Court	200 00 , 200 !	
624 W. Sandstone Court Boise, ID 83702		
Boise, ID 83702  Name and address for this acknowledgment	Phone number (optional):	
Boise, ID 83702	Phone number (optional): 208-424-9500	
Boise, ID 83702  Name and address for this acknowledgment	•	

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John G Lough

**Executive Vice President** 

(see instruction # 8 on back of form)

1BAHO SECRETARY OF STATE

INAHO SECRETARY OF STATE

04/06/2004 05:00

CX: 1274 CT: 150010 3H: 737556

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