



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 OCT -1 AM 8:58

SECRETARY OF STATE  
STATE OF IDAHO

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

Dynamics Studios

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

(Name) Kimberly Hobbs (Address) 4018 S Parkinson Franklin, ID 83237

(Name) (physical) (Address) 44 S. State St. Preston, ID 83263

(Name) Robert Hobbs (Address) same

(Name) (Address)

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

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

4. Mailing address for future correspondence:

(Name) Kimberly Hobbs  
(Address) 4018 S Parkinson  
(City) Franklin, ID (State) 83237 (Zipcode)

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

(Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Printed Name: Kimberly Hobbs

Signature: [Signature]

Printed Name: Robert Hobbs

Signature: Robert Hobbs

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

10/01/2015 05:00

CK:1068 CT:311660 BH:1494531  
1@ 25.00 = 25.00 ASSUM NAME #2

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