

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 17 AM 9: 15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: DKMT Entertain Menter	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Danielle, Kingston	
3. The general type of business transacted under the acceptance of the second s	
4. The name and address to which future correspondence should be addressed: 477 Shup Avenue Suite* Taaho falls, TD 83402	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): ダ0名・5・イン・574~7
Section	Secretary of State use only

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Capacity/Title: TVESIDEVIT (see instruction # 8 on back of form)

Signature: <u>¼</u>

Printed Name:

IDAHO SECRETARY OF STATE 67/17/2003 95:00 CK: 1095 CT: 150016 BH: 691483 1 0 25.00 = 25.00 ASSUM NAME N 2

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