



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 APR -5 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Live Information Presentation Systems

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Scott H. Trefaller

Complete Address

4152 E English Dr Meridian Id 83642

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

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

4. The name and address to which future correspondence should be addressed:

4152 E English Dr Meridian Id 83642

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

N/A

Signature:

Scott H. Trefaller

(Signature Required)

Printed Name: Scott H. Trefaller

Capacity/Title: Owner - Pres

(see instruction #8 on back of form)

Information Form 504  
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE  
04/05/2010 05:00  
CK: 1093 CT: 158010 BM: 1216174  
1 0 25.00 = 25.00 ASSUM NAME # 2

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