

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2003 MAY -7 AM 8: 29

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

The assumed business name which the business is: TRIBAL PRODU	<u>~</u> ⊇v
2. The true name(s) and business address business under the assumed business name Name TRIBAZ PRODUTIONS JAMES S. BROWN	
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 404 12 TH AVE SOUTH NAMPA, IDANO 83651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment Phone number (optional): (208)467-0034
	Secretary of State use only
Signature: Signature (signature required)	- IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE 55/15/2003 05:00 CX: 1011797 CT: 150016 DH: 600726 1 0 25.00 = 25.00 ASSUM NAME # 3

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