

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2015 MAY 29 AM 8:

SECRETARY OF STA

Please type or print legibly.

Instructions are included on back of application.

Prism Tops	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Pixel and Line, LLC	s(es) of the entity or individual(s) doing name: <u>Complete Address</u> 2404 W Bank Dr STE 206A, Boise, ID 83705
(W130306)	
☐ Wholesale Trade ☐ Constructi	ation and Public Utilities ion
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of
 The name and address to which future correspondence should be addressed: 2404 W Bank Dr STE 206A, Boise, ID 83705 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 2404 W Bank Dr STE 206A, Boise, ID 83705 	ment
anature. Don	Secretary of State use only
nted Name: Dom Ramirez pacity/Title: Managing Partner	- IDAHO SECRETARY OF STATE - 05/29/2015 05:00 - CK:1331 CT:310747 BH:147744 10 25.00 = 25.00 ASSUM NAME
nature:	- I TO TO TO THE PARTY OF THE P
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