



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
APR 18 2002
BOISE, 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:

Elite Theatre Design

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

<u>Name</u>	<u>Complete Address</u>
<u>Sounds & Security of Idaho Falls, Inc.</u>	<u>484 Hickory Circe</u>
<u>Q 141118</u>	<u>Idaho Falls, ID 83404</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input checked="" 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 | |

Submit Certificate of Assumed Business Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Ryan S. Smith
830 E. 13th Street
Idaho Falls, ID 83404

Phone number (optional):

208-390-2948

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

Signature: *Ryan Smith*
Printed Name: Ryan S. Smith
Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

3. vccpif:rrms:abn form:siabn p65 Revised 01/2001

DS-3022

IDAHO SECRETARY OF STATE
03/18/2002 05:00
CK: 34528 CT: 158010 BH: 452861
1 @ 20.00 = 20.00 ASSUM NAME # 2