

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

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersign business is:	ed use(s) in the transaction of
New Sound Mobile Mu	sic
2. The true name(s) and business address(es) of the business under the assumed business name: Name Jennifer Thornquest	entity or individual(s) doing Complete Address 351 5th Au F Twin Falls, Id \$3301
3. The general type of business transacted under the Retail Trade Transportation and Pour Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Show for Thoroguest 351 5+h AND E Thin Falls, by \$83301	Secretary of State 450 North 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):	
Signatura	Secretary of State use only
Printed Name: Jennifer Thornguest Capacity/Title: Quiner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	05/02/2012 05:00 CK: 1882 CT: 158818 BH: 1322478 1 8 25.80 = 25.80 ASSUM NAME # 2
Capacity/Title:	* c roses - Egres Hoofin Walf

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