

Capacity/Title: OWNER

(see instruction #8 on back of form)

## **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

2007 MAR 21 PM 2: 32

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

SECH LARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:  Sound Installs	
Darla Sanchez 12015.0	Complete Address  Dampa, ID 8368
3. The general type of business transacted under the a  Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Sound Installs    Sound Installs	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Sanchez  Printed Name: Brent Sanchez  Canacity/Title: 0.12 40 8 / Tristy/108	IDAHO SECRETARY OF STATE  93/21/2002 05=00  CK: 1424 CT: 158010 BH: 453772 1 2 20.00 = 20.00 ASSUM NAME # 2