

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS INCIVIL

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

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AM 10: 20

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

SECRETARY OF OR

The assumed business name which the unbusiness is: MEDIA HOSTEL	STATE OF IDAHO dersigned use(s) in the transaction o	f
2. The true name(s) and business address(es business under the assumed business name Name SHAWN BENDINELLI ——————————————————————————————————	of the entity or individual(s) doing e: Complete Address 1240 Pauss Prus Post faus, 10	<u>,8385</u> 4
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SHAWN BENDINELU DAY PAGUSE DRIVE REST FAUS 10.83854	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): Secretary of State use only	
Signature: Printed Name: SHAWN BENDINELY Capacity/Title: OWNER (see instruction #8 on back of form)	99d varieties of the property	OF STATE