FILED FFFECTIVE

Printed Name:

Capacity/Title:_

(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.

Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE 1
1. The assumed business name which the undersigned use(s) in the transaction of business is: The Cold Dust Theater The Cold Dust Theater	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Helen A. Benington Pop	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Helen A. Bevington POB 1242 Idaho City, Idahu 83631	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (# other than # 4 above): (268) 342-6703	
ignature Lelan O. Buerra to	Secretary of State use only

IDAHO SECRETARY OF STATE

10/04/2004 05:00

CK: 3015 CT: 158010 BH: 769451

1 2 25.00 = 25.00 ASSUM NAME # 2

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