

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

555027 PM 2: 46

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

STATE OF TOARO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
HOME THEATER DIRECT	
	of the entity or individual(s) doing :  Complete Address  560 W 8Th 5th  MERIOIAN, ID 86342
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities	
<ul> <li>Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
560 0 8T SU MERIDIAN ID 86342	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t Phone number (optional):
	Secretary of State use only
rinted Name: JASON VAUGHAN  capacity/Title: OWER OPERATOR	IDAHO SECRETARY OF STATE  2/28/2003 05:00  CK: CASH CT: 158010 BH: 665537  1 0 20.90 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	D62017