

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

2505,111 21 11 7:27

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.

| The assumed business name which the un<br>business is:  **TEL TYLE**  **TEL TYLE** | dersigned   | d use(s) in the transaction of              |
|--|---|---|
| KIFI-TV  |   |   |
| The true name(s) and business address(es business under the assumed business name to business name to business name to business.   |   | ζ,  |
| Name   |   | Complete Address                            |
|  | P.O. Box 29                                       |   |
| C/41626  | St. Joseph, MO 64502-0029                         |   |
| 3. The general type of business transacted un  | nder the a  | ssumed business name is:                    |
| Retail Trade Transportation and Public Utilities  Wholesale Trade Construction   |   |   |
| X Services Agriculture   |   | Submit Certificate of                       |
| Manufacturing Mining   |   | Assumed Business                            |
| Finance, Insurance, and Real Estate  |   | Name and \$25.00 fee to:                    |
| 4. The name and address to which future  |   | Secretary of State                          |
| correspondence should be addressed:  |   | 700 West Jefferson                          |
| NPG of Idaho, Inc.   |   | Basement West PO Box 83720                  |
| P.O. Box 29  |   | Boise ID 83720-0080                         |
|  |   | 208 334-2301                                |
| St. Joseph, MO 64502-0029  |   | <u> </u>                                    |
| 5. Name and address for this acknowledgme  | ent   | Phone number (optional):                    |
| COPY IS (if other than # 4 above):   |   | (816) 474-8100                              |
| Spencer Fane Britt & Browne LLP, A   | ttn: Kri  |   |
| 1000 Walnut St., Suite 1400  |   | Secretary of State use only                 |
| Kansas City, MO 64106  |   |   |
| Signature: X lo E doing  | g Icorpformstabn formstabn p65<br>Revised 04/2003 |   |
| rinted Name: Lyle E. Leimkuhler  | forms\abor form                                   |   |
| apacity/Title:_Vice President  | Re  | IDAHO SECRETARY OF STATE<br>07/21/2005 05:0 |
| (eas instruction # 8 on back of form)  | 5   | CX: ARRA3 CT: 14A1R1 RH: A224               |

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