



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.

SECRETARY OF STATE OF IDAHO

2004 NOV - 1 PM 2:40

FILED EFFECTIVE

1. The assumed business name which the undersigned use(s) in the transaction of business is:

KSNQ 98.3 FM

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name | Complete Address |
|---|--|
| InterMart Broadcasting Twin Falls, Inc. | 3434 SW 26th Place, Cape Coral, FL 33914 |
| <u>C130257</u> | |

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

4. The name and address to which future correspondence should be addressed:

Tricia Woods, VP InterMart Broadcasting
3434 SW 26th Place
Cape Coral, FL 33914

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: Patricia S Woods
(signature required)

Printed Name: Patricia S. Woods

Capacity/Title: Vice President

(see instruction # 8 on back of form)

g:\corp\forms\abn_forms\abn.p65 Revised 04/2003

Secretary of State use only

D81518

IDAHO SECRETARY OF STATE
11/01/2004 05:00
 CK: 1000 CT: 150010 BH: 774350
 1 @ 25.00 = 25.00 ASSUM NAME # 2