1

CERTIFICATE ASSUMED BUSIN Pursuant to Section 53-504, idaho (submits for filing a certificate of Ass <u>Please type or print leg</u> Instructions are included on back	IESS NAME Code, the undersigned sumed Business Name. Ibly. FILED EFFECTIVE 2014 JUN -2 PN 1: 18 SECRETANY OF WATE STATE OF IDAHO
 The assumed business name which the business is: Sharp Audio 	the undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> addre business under the assumed busines <u>Name</u> Michael P Sharp	ress(es) of the entity or Individual(s) doing ss name: <u>Complete Address</u> 3500 W Echo Dr Post Falls ,ID 83854-9365
	ture Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed. Michael P. Sharp 3500 W Echo DR Post Fells, ID 83854-9366 	ed: 450 North 4th Street PO 8ox 83720 Boiso ID 83720 0080
5. Name and address for this acknowled COpy is (If other than #4 above):	idgment
Signature: Male Sho	Secretary of State use only
Printed Name: <u>Michael Sharp</u> Capacity/Title: <u>OWNER</u> Signature: Printed Name:	IDAHO SECRETARY OF STATE 06/02/2014 05:00 CK:1939450 CT:172099 BH:1427 16 25.00 = 25.00 ASSUM NAME
Capacity/Title:	DI71644