

Capacity/Title:

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 JAN 10 AM 8: 46

## Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

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The assur business i		ndersigned use(s) in the transaction of	
	name(s) and <u>business</u> address(e under the assumed business na <u>Name</u> Media Publishing 194090) u	es) of the entity or individual(s) doing me:  Complete Address  HHE REGAHA BOISE, Id	8370
☐ Reta ☐ Who ☑ Sen	••	under the assumed business name is: on and Public Utilities  Submit Certificate of Assumed Business	
4. The name	ance, Insurance, and Real Estate e and address to which future ndence should be addressed:  E. Regalfa  S. T.d. 83106		
	d address for this acknowledgme	ent	
		Secretary of State use only	[]
Signature:Printed Name:	Tia Nerkland Owner	514411J	
Capacity/Title:	<u> </u>	IDANO SECRETARY OF STATE	
Signature: Printed Name:		01/10/2011 65:0 CK: 555964 CT: 182994 BH: 125 1 0 25:00 = 25:00 ASSUM NAM	54578
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