CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned N 31 AM 8: 3 gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: KTV Source	
2. The true name(s) and business address under the assumed busines Name Ken LeBrun Paula LeBrun	ress(es) of the entity or individual(s) doing ss name is/are: Complete Address Rt I Box 25, Kooskia, ID 83539 Rt I Box 25, Kooskia, ID 83539
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade	
4. The name and address to which future Phone number (optional): 208-926-0859 correspondence should be addressed:	
Ken LeBrun R+ 1 Box 25	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Koos kia, 1D 83539 5. Name and address for this acknowle copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Kly Le Du	19840 SECRETARY OF STATE 01/31/2000 09:00 CX: 2376 CT: 125938 BH: 265558
Printed Name: Ken LeBrun	1 0 20.00 = 20.00 ASSUM NAME (1 2
Capacity: Owner (see instruction # 8 on back of form)	
(see instruction # 8 on back of form)	9.koni