7	
CERTIFICATE OF	FILED/EFFECTER
ASSUMED BUSINESS	NAME
Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Bu	ne undersigned
<u>Please type or print legibly.</u> NOTE: See instructions on reverse befor	re filing. STATE OF IDAHO
<ol> <li>The assumed business name which the und business is: <u>REPERKUSION</u>R.</li> <li>The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u> <u>Randy</u> White</li> </ol>	ecords s) of the entity or individual(s) doing ne: <u>Complete Address</u> <u>2874 Rosedale Bosse I, 10 83705</u>
Corey nelson	931 mosth mark grove #202
Valevie Mascra	931 north maple grove # 202
<ul> <li>3. The general type of business transacted un</li> <li>Retail Trade</li> <li>Transportatio</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li><u>KeperKusion Records</u></li> <li><u>38.74 Rosedate</u></li> <li><u>30.156</u> <u>TD</u></li> <li><u>93.705</u></li> <li>5. Name and address for this acknowledgm copy is (if other than # 4 above):</li> </ul>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: <u>Manufacture</u> (signature required) Printed Name: <u>Rand</u> white Capacity/Title: <u>Partner</u> (see instruction # 8 on back of form)	