

CERTIFICATE OF ASSUMED BUSINESS NAME

Owner

(see instruction # 8 on back of form)

Capacity/Title:_

FILED EFFECTIVE

Pursuant to Section 53-504, idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 07 fill 9: 08

Please type or print legibly.

NOTE: See instructions on reverse before filing

Bondslave Productions	
The true name(s) and business address(es) of the ousiness under the assumed business name: Name	entity or individual(s) doing Complete Address
	1130 Fremont Dr. Twin Falls Id 83301
The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
Bondslave Productions	PO Box 83720 Boise ID 83720-0080
1130 Fremont Dr Twin Falls, ID 83301	208 334-2301
Name and address for this acknowledgment	Phone number (optional): 464-3598
COPY IS (if other than # 4 above).	

IDAHO SECRETARY OF STATE

10/07/2005 05:00

CK: 1052 CI: 193049 BH: 915797
1 0 25:00 25:00 ASSUM-NAME # 0

092464