

Printed Name: Luann

(see instruction # 8 on back of form)

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. 7804 MAR 24 AM 8: 37

SHELLIGH OF STATE STATE OF IDAHO

IDAHO SECRETARY OF STATE

CK: 7304 CT: 158010 BH: 735097

25.00 ASSUM NAME # 2

Please type or print legibly. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Idaho Music Academy 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Luann Fife 2230 NW 15th St. Meridian, ID83642 Fay Pool 1517 Shenandrah Dr. Boise, ID83712 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Submit Certificate of Services **Assumed Business** Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Luann Fife Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only 024219 Signature: <u>/</u>