CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions FILED/EFFECTIVE)

1.	To the SECRETARY OF STATE, ST Pursuant to Section 53-504, logives notice of adoption of an The assumed business name which the	daho Code, the Assumed Bus	e undersigned siness Narge
T	business is: he Burns Studio		
2.	The true name(s) and business address business under the assumed business n		ty or individual(s) doing
	<u>Name</u>	<u>C</u>	omplete Address
	GSK, Inc.	1303 West State Street	
	C131185	Boise, Ida	aho 83702
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufactur Wholesale Trade Agriculture Services Construction	Fi	ransportation and Public Utilities nance, Insurance, and Real Estate lining
4.	The name and address to which future Phone number (optional): correspondence should be addressed:		
	GSK, Inc. 1303 West State Street		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than #4 above):	ient	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Sig

Pri Capacity: Secretary

(see instruction # 8 on back of form)

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