

Capacity/Title:

President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

04 APR 21 AM 10: 56

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing
Name	Complete Address
Darwin Porter	PO Box 1116 Eagle ID 83616
Terry Porter	PO Box 406 Eagle ID 83616
Daniel Edwards	10378 Fairview #201 Boise ID 83704
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Advertising Works and Production	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
104 E Fairview Avenue #104	Boise ID 83720-0080 208 334-2301
Meridian ID 83642 5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-888-4800
	Secretary of State use only

IDANO SECRETARY OF STATE

94/21/2004 95:00

CK: 116563 CT: 79576 BH: 746517

1 8 25.00 = 25.00 ASSUM NAME # 2

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