

Printed Name:

Capacity/Title:_

Brian Sprinkle

Manager

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.
NOTE: See instructions on reverse before filing.

05 NOV -8 AM II: 50

Cash for kids	
The true name(s) and business address(es) business under the assumed business name	e :
Name	Complete Address
Venture Marketing Services LLC	1284 n stonehenge
	Meridian ID 83642
W44419	
 ✓ Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): (208) 713-5769
	Secretary of State use only

IDAHO SECRETARY OF STATE
1 1/08/2005 05:00
CK: CASH CT: 193998 BH: 921139
1 0 25.00 = 25.00 ASSUM NAME # 3

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