Capacity/Title:\_



## **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. Instructions are included on back of application.

2015 OCT -2 PM 1: 40

SECRETARY OF STATE

MY GAME SHOW LIV	E	
The true name(s) and <u>business</u> act business under the assumed business.	, ,	atity or individual(s) doing
Name		Complete Address
ROWEN MARKETING, INC.	3851 V	J. WELLSPRING WAY, BOISE 8371
(C1180H)		
<del></del>		
3. The general type of business tran	sacted under the as	ssumed business name is:
Retail Trade Tran	sportation and Publ	ic Utilities
Wholesale Trade Con	struction	
Services Agri	culture <b>[</b>	
Manufacturing Mini	ng	Submit Certificate of Assumed Business
Finance, Insurance, and Re	al Estate	Name and \$25.00 fee to:
4. The name and address to which f	uture	
correspondence should be address		Secretary of State 450 North 4th Street
BRAD ROWEN % ROWENMA	The state of the s	PO Box 83720
5851 N. WELLSPRING WAY		Boise ID 83720-0080
BOISE 10 83713		208 334-2301
5. Name and address for this acknowledge.		
COPY is (if other than # 4 above);		
	<del></del>	
		Secretary of State use only
ignature: DR Powe		IDAHO SECRETARY OF STATE
rinted Name: BRAD ROWEN		10/02/2015 05:00
apacity/Title: PLESIDENT		CK: 3257142 CT: 172099 BH: 143
		1@ 25.00 = 25.00 ASSUM NAM
ignature:		T 18100.
rinted Name:		1) 181791
Conneity/Title	i i	(1 /

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