



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE

02 OCT -3 PM 3:09

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

FRONT ROW ENTERTAINMENT

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

SHANANDA M. WRIGHT

(MAILING) P.O. BOX 755, Mtn Home 83647

CHRISTOPHER C. WRIGHT

(PHYSICAL) 845 GREGORY LANE

MTN. HOME, ID

83647

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

SHANANDA M. WRIGHT

P.O. BOX 755

MOUNTAIN HOME, ID 83647

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 580-1344

Signature: Shananda M. Wright

(signature required)

Printed Name: SHANANDA M. WRIGHT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
10/03/2002 05:00
CK: 5209 CT: 150010 BH: 524990
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 58806