

Capacity/Title: <u>Ounck</u>

(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.

2006 APR -3 PM : 33

D98224

Please type or print legibly.

NOTE: See instructions on reverse before filing.

ECRETARY OF STATE OF INALL

|   | on the Or IDAG                                     |
|---|--|
| The assumed business name which the undersigned use(s) in the transaction of  |  |
| business is:  |  |
| Gene's Radio +  | Jound .  |
| a. The two mans (a) and business address (as) of the entity or individual(s) doing  |  |
| <ol><li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing<br/>business under the assumed business name:</li></ol> |  |
| Name  | Complete Address                                   |
| (PONARD & Playet 414  | OF Spartina St                                     |
| CLORARA E 1 19UEL 419   | OF SATITACI  |
|   | land +a115, 10. 00701                              |
|   |  |
| a. The server time of hydroga transacted under the s  | essumed husiness name is:                          |
| 3. The general type of business transacted under the assumed business name is:  |  |
| Retail Trade Transportation and Public Utilities  |  |
| Wholesale Trade Construction  |  |
| Services Agriculture  | Submit Cartificate of                              |
|   | Submit Certificate of<br>Assumed Business          |
|   | Name and \$25.00 fee to:                           |
| Finance, Insurance, and Real Estate   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            |
| 4. The name and address to which future   | Secretary of State                                 |
| correspondence should be addressed:   | 700 West Jefferson                                 |
| 4140 E Spartina St.   | Basement West PO Box 83720                         |
|   | Boise ID 83720-0080                                |
| Idaho Falls, Id 83401   | 208 334-2301                                       |
|   |  |
| E. Name and address for this asknowledgment   | Phone number (optional):                           |
| <ol> <li>Name and address for this acknowledgment<br/>copy is (if other than # 4 above):</li> </ol>   | , ,  |
| COPY 13 (II Other trial # 4 above).   |  |
|   |  |
|   | Secretary of State use only                        |
|   |  |
| agriugi   |  |
| Signature: X  | IDAHO SECRETARY OF STATE                           |
| Signature: X (signature ranged)  Printed Name: Long Rd F Viove  | 04/03/2006 05:00<br>CK: 1157 CT: 158010 BH: 946987 |
| Printed Name: / LOWARD DIQUE   # 8  | 1 R 25.80 = 25.88 ASSUM NAME # 2                   |