



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.

2006 OCT 27 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

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

TRI-PLEX DANCE STUDIOS

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

Name	Complete Address
<u>TINA FOSTER / OWNER</u>	<u>60 S. 1ST E.</u>
	<u>DRIGGS, ID.</u>
	<u>83422</u>

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

- | | |
|--|--|
| <input checked="" 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 | |

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

TINA FOSTER
397 S. 200 E.
DRIGGS, ID. 83422

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

Signature: *Tina Foster*
(signature required)

Printed Name: TINA FOSTER

Capacity/Title: OWNER / DIRECTOR
(see instruction # 8 on back of form)

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

Phone number (optional):

208-354-0747

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
10/27/2006 05:00
CK: 9539847797 CT: 158010 BH: 991151
1 @ 25.00 = 25.00 ASSUM NAME # 2

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