

## 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.

SECRETURY OF STATE STATE OF IDAHO

D 7/911

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the unbusiness is:  LXI MEDIA	ndersigned use(s) in the transaction of
2. The true name(s) and business address(est business under the assumed business name Name  Michael J. Rogers  3. The general type of business transacted under the assumed business address(est business address)  Name  Nam	Complete Address  5887 E. P.NE Hollow Ln. 2887 E. PINE HOLLOW Ln. EAGLE ID
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  LXIMENIA 2887 E. PINE HOLLOW EAGLE ID 83 GIL  5. Name and address for this acknowledgment copy is (if other than # 4 above):	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) 713-3035
Signature: Machael Lagrature (Signature of Fequired)	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  O1/06/2004 05=00  CK: 1286 CT: 139367 BH: 720135  1 8 25.88 = 25.88 ASSUM NAME # 2
Printed Name: Michael J. Rogers Capacity/Title: OWNER	IDAHO SECRETARY OF STATE    State
(see instruction # 9 on back of form)	9 6