Capacity/Title:\_

(see instruction # 8 on back of form)

## **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.

09 MAR 13 PM 12: 09 SECRETARY OF STATE STATE OF IDAHO

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business is:	News C
2. The true name(s) and business address(es) business under the assumed business nam Name  Provider Media Group, LLC  (2082235)	of the entity or individual(s) doing ne: Complete Address 900 E. Columbary Court, Eagle ID 83616
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
-	Secretary of State use only
Printed Name: Philip Gorman  Capacity/Title: Owner	IDAHO SECRETARY OF STATE    IDAHO SECRETARY OF STATE   IDAHO SECRETARY OF S