

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 JUH 2 , AC 3: 31

SIAILOR

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Cirque Productions	
The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing ame: Complete Address 890 W 9th South, Mountain Home, ID 83647
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Cirque Productions	Secretary of State 700 West Jefferson Basement West PO Box 83720
890 W 9th South Mountain Home, ID 83647	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional): 801.310.0714
	Secretary of State use only
ignature: (signature required)	IDAHO SECRETARY OF STATE ### ### ### ### ####################
rinted Name: Matthew/Turley	IDAHO SECRETARY OF STATE 96/21/2005 05:00 CK: 1889 CT: 158818 BH: 817258
apacity/Title: Owner/President (see instruction # 8 on back of form)	1 6 25.00 = 25.00 ASSUM MANE # 2
(1999 HERBOSON WOOD DACK OF FORM)	D 88995