

CERTIFICATE OF ASSUMED BUSINESS NAME

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CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name	ed 17 30 44 9: 67
Please type or print legibly. NOTE: See instructions on reverse before filing.	TO PROPRIE
The assumed business name which the undersigned business is: New Age F ntert	
2. The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name Steven Hankins 260	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Pul Wholosale Trade Construction	l i
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Steven Hankins 2601 Boise ave #43	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 703-0262
	Secretary of State use only
Signature: Stewn Hankins Printed Name: Steven Hankins Capacity/Title: President (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE @9/30/2002 @5:00 CK: 1903 CT: 158010 BH: 524107 1 0 20.00 = 20.00 ASSUM HAME # 2