



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.

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

Storyworks Communications

2. 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>Colleen Story</u>	<u>2226 W 81st N Idaho Falls</u>
	<u>83402</u>

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

- | | |
|--|--|
| <input 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 | |

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

Colleen Story
2226 West 81st North
Idaho Falls, ID 83402

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

Same

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):

208.542.0294

Secretary of State use only

Signature:

Colleen M. Story
(signature required)

Printed Name:

Colleen M. Story

Capacity/Title:

Owner / President

(see instruction # 8 on back of form)

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 Revised 04/2003

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IDAH0 SECRETARY OF STATE
 08/05/2004 05:00
 CK: 6294 CT: 150010 BH: 759201
 1 @ 25.00 = 25.00 ASSUM NAME # 2