CERTIFICATE OF ASSUMED BUSINESS NAMEFECTIVE (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of	
1.	The assumed business name which the undersigned use(s) in the transaction of business is: East Side Percussions	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Robert Hagopian P.O Box 4	nplete Address 1330 Ketchum II) 83340
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
4.	The name and address to which future Phone number correspondence should be addressed: East Sick Percussions Robert Hargerian P.O. Box 4330 Ketchum ID	Submit Certificate of Assumed Business
	83340	Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Sevision 12/99	Secretary of State use only
nati nted	I Name: Bobet Hagopian &	IDANO SECRETARY OF STATE 08/16/2001 05:00 CK: 1841 CT: 158888 BH: 413762 1 0 20.00 = 28.00 ASSUM MANE 8 2

Sig Pri

Capacity:

(see instruction # 8 on back of form)

D47163