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

To the SECRETARY OF STATE, STATE OF IDAHO Ell Co E

	gives notice of adoption of an A	aho Code, the undersighed D/EFFECT	
1.	The assumed business name which the ur business is:	ndersigned use(s) in the transaction of	
	Dusiness is: Pied Piper Vide		
	- ried riper viae	eo Productions STATE OF TOAHO	
2.	The true name(s) and business address(es	s) of the entity or individual(s) doing	
•	business under the assumed business name is/are: Name, Complete Address		
	liper A. Hudson	P.D. Box 344	
		Mountain Home, ID. 83647	
The general type of business transacted under the assume (mark only those that apply)		nder the assumed business name is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	g Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.	The name and address to which future P	Phone number (optional): 587-1341	
	correspondence should be addressed:		
	P.O. Box 344	Submit Certificate of Assumed Business	
	AA	Name and \$20.00 fee to:	
	Mourtain Home, ID. 83647	Secretary of State	
5.	Name and address for this acknowledgmen	700 West Jefferson Basement West	
	COPY is (if other than # 4 above).	PO Box 83720 Boise ID 83720-0080	
		208 334-2301	
		Secretary of State use only	
		IDAHO SECRETARY OF STATE	
Signatu	ire: Kyer lith day	21/11/2001 09:00 CK: 3671 CT: 146721 BH: 372227	
Printed	Name: Piper A. Hudson	1 2 20.00 = 20.00 ASSUM NAME # 2	
Capacit	Capacity: Solo Proprietor (see instruction # 8 on back of form)		
	(see instruction # 8 on back of form)	D 41755	