IFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse 30 007 / CTATE OF IDAHO CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 53 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Alrac Records 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Carla Beers 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 M. Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: Alrac Kecords Submit Certificate of Assumed Business Name and \$20.00 fee to: Boxx ID 83705 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY 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 10/01/1998 89:00 CX: 1847 CT: 184753 BH: 158879 Signature: 1 8 28.00 = 20.00 ASSUM NAME # 2 Printed Name: (D18700 Capacity: (see instruction # 8 on back of form)