

Capacity/Title;

Capacity/Title:

Signature: **Printed Name:**

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 11 JUN -2 AM 9:36

Please type or print legibly. Instructions are included on back of application.

SECT. - OF OF STATE STATE OF IDAHO

Sun Valley Sc	reenwriters Workshops	
The true name(s) and <u>business</u> address	(es) of the entity or indivi	dual(s) doing
ousiness under the assumed business		
<u>Name</u>	Complete Address	
Michael M. Ayers	134 Valleywood Drive, Ketchum, ld. 83340	
	P.O. Box 2593 Sun Valle	, Id. 83353
Retail Trade I Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est the name and address to which future correspondence should be addressed:	Submit Co Assumed Name and Secretary 450 North	substitution 1 \$25.00 fee to: of State 4th Street
lichael M. Ayers	PO Box 8	
.O. Box 2593		3720-0080
Sun Valley, Idaho 83353	208 334-2	.301
lame and address for this acknowledg	nent	
		tary of State use only

IDAHO SECRETARY OF STATE

96/92/2011 95:00

CK: 1911 CT: 158010 BH: 1276418
1 8 25.00 = 25.00 ASSUM NAME # 2

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abn.pmd Rev. 07/2010