

Printed Name:

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

A 9 14 2003 AUG -4 A

Please type or print legibly. NOTE: See instructions on reverse before	B) AUG -8 A 4 THE SECRETARY A \$ 05
1. The assumed business name which the understands	TOPETARY OF STATE OF STARY OF
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Name Theatrical Arts, inc. F	203 Hickory Loop Drive
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: The name and address for this acknowledgment copy is (if other than # 4 above):	
gnature: Signature redured signature redured signature redured apacity/Title: Lesident	IDAHO SECRETARY OF STATE OB/OB/2003 05:00 CK: 1197 CT: 158010 BH: 695366 1 9 25.99 = 25.90 ASSUM NAME # 2