



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2004 OCT 18 AM 9:16

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

KYLA KELLY Media Consulting

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

KYLA SAWYER

Complete Address

342 Cedarpark Cir.

TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

KYLA SAWYER

342 Cedarpark Cir

TWIN FALLS, ID 83301

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 420-4325

Signature: KYLA SAWYER

(signature required)

Printed Name: KYLA SAWYER

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

9/04/2004 forms tabn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/18/2004 05:00
CK: 3658 CT: 158810 BH: 771548
1 @ 25.00 = 25.00 ASSUM NAME # 2

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