

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned 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:

FANTASY WORLD ENTERTAINMENT

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
<u>ARON NIXON</u>	<u>903 1/2 H. AVE. S. SUITE #2</u>
<u></u>	<u>Nampa, ID. 83651</u>
<u></u>	<u></u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

ARON NIXON
903 1/2 H. AVE. S. SUITE #2
Nampa, ID. 83651

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

SEE #4

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 02/19/1997

0900 65481 2

CK #: 65471391 CUST# 76797

ASSUM NAME 10 20.00= 20.00

: D

Signature: ARON NIXON

Printed Name: ARON NIXON

Capacity: OWNER/PRESIDENT

(see instruction # 8 on back of form)