227



Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

10 AUG 10 AM 8-21

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

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> THE PLAYERS REALM, INC.	
0137893	
Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: THE PLAYERS REALM, INC.	Secretary of State 450 North 4th Street PO Box 83720
819 W. PENNWOOD STREET MERIDIAN, ID 83642	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than #4 above):	ent
050	Secretary of State use only
ed Name: ROBERT W. BERRYMAN	•
acity/Title: PRESIDENT	
ature:	IDAHO SECRETARY OF STI
ed Name:	08/10/2010 05 CK: 1887 CT: 158010 BH: : 1 @ 25.00 = 25.00 ASSUM

abn.pmd Rev 07/2010