

Capacity/Title: /////// ages

Printed Name:

Capacity/Title:

Signature:

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.

SECRETARY OF STATE

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: mom's TIPS 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Myo Media & Publishing, UC 718 N. Cole R 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY is (if other than # 4 above): Secretary of State use only Signature: A MAN IDAHO SECRETARY OF STATE Printed Name: Jun 1140 1 06/02/2015 05:00

UK:2894992 CT:172099 RH:1478038 16 25.00 = 25.00 ASSUM NAME #2

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