



# CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

03 DEC 12 AM 8:50

SECRETARY OF STATE  
STATE OF IDAHO

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

G MEDIA GROUP

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

Name

MICHAEL HEALY

Complete Address

5120 OVERLAND RD  
PMB 242  
BOISE ID 83705

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:

5120 OVERLAND RD  
PMB 242  
BOISE ID 83702

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

(signature required)

Printed Name: MICHAEL J HEALY

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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

Phone number (optional):

208-724-1678

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
12/12/2003 05:00  
CK: 1885 CT: 174929 BH: 716296  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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