

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2015 JUN 29 AM 8: 07

SECRETARY OF STATE STATE OF IDAHO

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.

leeds look listen	
2. The true name(s) and <u>business</u> address(business under the assumed business n Name Leeds Highfidelity LLC W129757 Debra Leeds Designs LLC W12976	
3. The general type of business transacted	under the assumed business name is: ion and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: J. Benjamin Leeds PO Box 1325 Ketchum, Idaho 83340	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
Cami V lead	. Secretary of State use only
inted Name: Gary K. Leeds	- IDAKO SECRETARY OF STA
apacity/Title: Founder and CEO	06/29/2015 05:0

CK: 2977448 CT: 172099 BH: 1481712 10 25.00 = 25.00 ASSUM NAME #2

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Printed Name: Debra S. Leeds

Capacity/Title: Founder and CEO

9/21/2012

abn.pmd Rev. 07/2010