

Signature:

Printed Name:

Capacity/Title:

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.

Studio 360	
The true name(s) and business address(es) or business under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
Carrie Ball	2342 S 3600 E
	P.O. Box 458
	Rexburg, ID 83440
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed:	700 West Jefferson
Studio 360	Basement West PO Box 83720
C/O Carrie Ball	Boise ID 83720-0080
	208 334-2301
P.O. Box 458 Rexburg, ID. 83440	

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Owner

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

11/04/2004 05:00

CK: 2618 CT: 158010 BH: 774873

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