

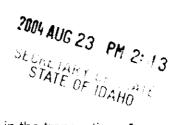
## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



LEGACY EVENT CENTER	
<ol> <li>The true name(s) and business address(es) business under the assumed business name Name</li> <li>CARLA BOWCUT</li> </ol>	of the entity or individual(s) doing e:  Complete Address  372 E 700 S BURLEY, ID 83318
COLIN BOWCUT	372 E 700 S BURLEY, ID 83318
3. The general type of business transacted unc	ler the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
CARLA BOWCUT	Basement West PO Box 83720
572 E 700 S BURLEY, ID 83318	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than #4 above):	t Phone number (optional):  208-312-6058
	Secretary of State use only
ature: Caria Bawint	Revised 04/2003

IDAHO SECRETARY OF STATE
11/10/2004 05:00
CK: 4845 CT: 158818 BH: 775918
1 8 25.88 = 25.88 ASSUM NAME # 2