

227



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

2007 SEP -7 PM 3:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

KIDA TV 5

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

Name
Marcia T. Turner LLC

W54436

Complete Address

1440 Blue Lakes Blvd. N

Twin Falls, Idaho 83301

3. The general type of business transacted under the assumed business name is:

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

KIDA TV 5

1440 Blue Lakes Blvd. N.

Twin Falls, ID 83301

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

Secretary of State use only

Signature:

Marcia T. Turner

(signature required)

Printed Name:

Marcia T. Turner

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Checklist for Form 505
Rev. 10-02-02

IDAHO SECRETARY OF STATE
09/07/2007 05:00
CK: 1271523 CT: 172899 BH: 1074575
1 @ 25.00 = 25.00 ASSUM NAME # 2

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