

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

02 JUL 17 PH 12: 24

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the urbusiness is: MOBILE COMM		
2. The true name(s) and <u>business</u> address(es business under the assumed business nam Name MICHAEL JAQ (OLEMAN)	104	entity or individual(s) doing Complete Address N 5 · /4TH ST · ITLAND ID . 83619
3. The general type of business transacted up Retail Trade	n and Pu	
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent	Phone number (optional):
		Secretary of State use only
Signature: Michael Coleman Printed Name: MICHAEL J. COLEMAN Capacity/Title: OWNIEL PRESIDENT (see instruction #8 on back of form)	grooptomstabn formstabn.p65 Revised 122001	IDAHO SECRETARY OF STATE 07/17/2002 05:00 CK: 2541 CT: 150010 BH: 477629 1 0 20.00 = 20.00 ASSUM NAME 0 2