CERTIFICA	TE OF ASSU	JMED BUS	SINESS	NAME
(Please	type or print legibly.	See instructio	ns on reverse).)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504 Idaho Code the under 114 11 5c PN 101

	gives notice of adoption of an As			, E			
1.	The assumed business name which the uncousiness is:	4	SIAIE AT TOTAL)/EFFECT			
	NORTHWEST Satelli	te A	ACA ENLAP MA	<u>[</u>			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:						
	Mike G. Almanza 20	<u>C</u> 293 S. A	omplete Address Lanifon Ave. Boise Id	<u>837</u> q			
3.	The general type of business transacted und	der the ass	sumed business name is:				
	(mark only those that apply)		amod badiness hame is.				
	Retail Trade	☐ F	ransportation and Public Uti inance, Insurance, and Real lining				
4.	The name and address to which future Ph correspondence should be addressed:	one numb	e number (optional):				
	Mike Almanza		Submit Certificate of				
	2093 S. Manifon Ave		Assumed Business Name and \$20.00 fee to:				
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301				
			Secretary of State use only				
		avision 1/98					

Signature: Printed Name: Mike Alm Capacity:_ Owner (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/22/2001 05:00

CK: 1499 CT: 150336 BH: 414653
1 0 20.00 = 20.00 ASSUM NAME # 2

Mamons