CERTIFICATE OF ASSUMED BI (Please type or print legibly. See instruct	USINESS tions on reve	S NAMEFI	LE
To the SECRETARY OF STATE, STATE OF II Pursuant to Section 53-504, Idaho Code gives notice of adoption of an Assumed	DAHO _{GS} (18) e, the unders Business (18)	-7 M 8-35 igned of State	
The assumed business name which the und business is: ———————————————————————————————————	dersigned us	e(s) in the transa	action of
The true name(s) and business address(es business under the assumed business name.	ne is/are:		doing 83406
James M. Larson	<u> </u>	nplete Address	IDAHO FAIU, ID
3. The general type of business transacted un (mark only those that apply) Retail Trade	g ∐ Tra	nsportation and ance, Insurance,	
correspondence should be addressed:	hone number	(optional) (208)	528-7869
Circuit-Tek 2245 Ross Ave Idaho Falls, Idaho 83406	Submit Certificate of Assumed Business Name and \$20.00 felder Secretary of State		
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	2/07	Secretary of State IBAHO SECRETARY O	F STATE
ignature:	Revision 2/97	05/07/1998 CX: 1123 CT: 98317 1 8 29.00 = 28.0	BH: 188293 ,
rinted Name: T. M. / a. a		دوسود در خیست	44

Printed Name: <u>James</u>

Capacity: Owner - Proprietor (see instruction # 8 on back of form)