



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.

09 DEC -2 AM 8:33

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:

Ideal Satellite Services

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

Name

Complete Address

Natalie Ocon

P. O. Box 895, Priest River, ID 83856

Max Ocon

P. O. Box 895, Priest River, ID 83856

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

P.O. Box 895, Priest River, ID 83856

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

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

Ideal Satellite Services

P.O. Box 895

Priest River, ID 83856

Signature: Natalie Ocon

(signature required)

Printed Name: Natalie Ocon

Capacity/Title: Owner

(see instruction # 6 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
12/02/2009 05:00
CK: 5471 CT: 242691 BH: 1197510
1 @ 25.00 = 25.00 ASSUM NAME # 2

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