



CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 FEB -7 PM 1:06

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Telco

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

STi Prepaid, LLC

30-50 Whitestone Expressway

Flushing, NY 11354

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

STi Prepaid, LLC

30-50 Whitestone Expressway

Flushing, NY 11354

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

Angela Collins, Esq c/o Mintz Levin

701 Pennsylvania Ave, NW

Washington, DC 20004

Signature: David Larsen (signature required)

Printed Name: David Larsen

Capacity/Title: _____

(see instruction # 8 on back of form)

Phone number (optional): _____

Secretary of State use only

g:\corporations\form\idm\idm.pdf
Rev: 06/04/2003

IDAHO SECRETARY OF STATE
02/07/2007 05:00
CK: NONE CT: 1157 BH: 1031548
1 @ 25.00 = 25.00 ASSUM NAME # 2

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