(see instruction #8 on back of form)



## **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.

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

SECRETARY OF STATE

D5/8/4

SIAIL OF IUARO			
<ol> <li>The assumed business name which the und business is:</li> </ol>	lersig <b>n</b> ed	use(s) in the transaction of	
The Wireless Phone	<del></del>	Directory	
The true name(s) and <u>business</u> address(es) business under the assumed business name		ity or individual(s) doing	
<u>Name</u>		Complete Address	
AmyLoughmille	3589	n280E, Twin Fills	IN 8339
Steve Tracy	320	wellsville 11	
·			
3. The general type of business transacted und	der the as	ssumed business name is:	
Retail Trade Transportation Wholesale Trade Construction	and Publ	ic Utilities	
Services Agriculture		Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business Name and <b>\$20.00</b> fee to:	
☐ Finance, Insurance, and Real Estate		ranic and \$20.00 fee to.	
4. The name and address to which future	İ	Secretary of State 700 West Jefferson	
correspondence should be addressed:	:	Basement West	
Invaleso Phone Director	1	PO Box 83720 Boise ID 83720-0080	
5589 N 2500E		208 334-2301	
Twin Falls ID 83301	<u>.</u>	, , , , , , , , , , , , , , , , , , ,	
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above).</li></ol>	nt	Phone number (optional):	
		Secretary of State use only	
	abn.p65		
Signature:	forms\ 2001	Thaus areas	
Printed Name: Amy Loughmul	corp Vormstabn formstabn, p65 Revised 12/2001	IDAHO SECRETARY OF STA 92/96/2092 95 CK: 1125 CT: 156918 BH:	
Capacity/Title:	corp\⊈	1 8 20.00 = 20.00 ASSUM	NAME # 2