



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE
01 JUL -2 AM 9:24
SECRETARY OF STATE
STATE OF IDAHO

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

Omen Networks

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

<u>Name</u>	<u>Complete Address</u>
<u>Robert G. Bregante</u>	<u>98 N 4000E Rigby, ID 83442</u>
<u>Michael E. Barnes</u>	<u>531 So. Garfield, Pocatello, ID</u> <u>83204</u>

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

- | | |
|--|--|
| <input 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:

Omen Networks
PO Box 172, 360 So. 4th Ave
Pocatello, ID 83204

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

SAME

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Phone number (optional):

208-241-9890

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Secretary of State use only

g:\cop\forms\abn forms\abn.pds
Revised 01/2001

IDAHO SECRETARY OF STATE
07/02/2001 09:00
CK: 2775 CT: 148363 DH: 406035
1 @ 20.00 = 20.00 ASSUM NAME # 2

ID 46541