



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

01 OCT -9 AM 9:31
SECRETARY OF STATE
STATE OF IDAHO

EXPIRES EFFECTIVE

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

Advanced Visions and Solutions

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

Name	Complete Address
<u>Evariste Murangwa</u>	<u>3757, Country Club Dr.,</u>
	<u>Lewiston, ID 83501</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

3757, Country Club Dr.
Lewiston, ID 83501

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

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

Signature: *Evariste Murangwa*

Printed Name: EVARISTE MURANGWA

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

Revision 1/98
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IDAHO SECRETARY OF STATE
10/09/2001 05:00
CK: 3690321046 CT: 152213 BH: 423240
1 @ 20.00 = 20.00 ASSUM NAME # 2

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