FILED EFFECTIVE

(see instruction # 8 on back of form)

CERTIFICATE OF

| 1 The assumed business name which the business is: White Satellite: | undersigned use(s) in the transaction of |
|---|---|
| The true name(s) and business address business under the assumed business name Name Andrew White | (es) of the entity or individual(s) doing ame: Complete Address COLL C. 17+4 Post Falls, ID 83884 |
| Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: COLE 17th Post Falls ID 83854 | on and Public Utilities Submit Certificate of Assumed Business |
| Name and address for this acknowledgme copy is (# other than # 4 above). | Phone number (optional): 208-620-1315 |

IDANO SECRETARY OF STATE
10/23/2012 05:00
CK: 1037 CT: 158010 BH: 1344729
1 0 25.00 = 25.00 ASSUM MANE # 2