



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 JUL 22 AM 8:36

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE  
STATE OF IDAHO

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

C-COM!

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

MARYANNE L. CRAMER

BOX 1072 FRUITLAND, ID 83619

MIKAEL W. CRAMER

BOX 1072 FRUITLAND, ID 83619

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 |  |

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:

MARYANNE L. OR MIKAEL W. CRAMER

P.O. BOX 1072

FRUITLAND, ID 83619

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

Phone number (optional):

208 452-5155

Secretary of State use only

Signature: Maryanne L. Cramer

Printed Name: Maryanne L. Cramer

Capacity/Title: co-owner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE  
07/22/2003 05:00  
CK: 12047 CT: 150010 BH: 692349  
1 @ 25.00 = 25.00 ASSUM NAME # 2