



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 **FILED** AM 9: 04
gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

FILED/EFFECTIVE

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

CTS

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>MAGUS, INC.</u>	<u>6128 FAIRVIEW - STE 2A</u>
<u>C 103455</u>	<u>BOISE ID 83704</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 type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" 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): _____

CTS
6128 FAIRVIEW STE 2A
BOISE ID 83704

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

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

Signature: Julie Anderson
 Printed Name: JULIE ANDERSON
 Capacity: D. Resident

(see instruction # 8 on back of form)

Revision 1986
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Secretary of State use only
 IDAHO SECRETARY OF STATE
02/15/2001 09:00
 CX: 1962 CT: 141293 BH: 379387
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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