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227	109 24104 12.45PM; Page 1/1
CERTIFICATE OF ASSUMED BUSINESS N. Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before filing	ing. STATE OF MAHO
<ol> <li>The assumed business name which the undersignation business is:</li> </ol>	gned use(s) in the transaction of
<ul> <li>2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u> <u>MATOR Connect Ton Com Inc</u> <u>Name</u> <u>MATOR Connect Ton Com Inc</u> 3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction X Services Agriculture Manufacturing Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed: <u>MATOR CONNECTION</u>, COM, NC, <u>JUST CONNECTION</u>, COM, NC, <u>JUST</u>, CONNECTION, COM, COM, COM, COM, COM, COM, COM, COM</li></ul>	Complete Address C. 2675 UNMAIN H Ste Roise, ID. 83-92 e assumed business name to 1
<ol> <li>Name and address for this acknowledgment copy is (if other than #4 above):</li> </ol>	Phone number (optional): 208-331-0100
ignature: R Wanne Mourn	Secretary of State use only
rinted Name: <u>RESIDEN</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 09/14/2004 05:00 CK: 1773 CT: 168875 DH: 765869 1 0 25.00 = 25.00 Assum Mane # 2
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