

Capacity/Title:

Printed Name:

Capacity/Title:

Signature: _

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: ALL SATELLITE SOLUTIONS 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) Sborne 1115 Talon Ct dwell 77 83607 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 7/10 N 208 334-2301 IΔ 83607 5. Name and address for this acknowledgment COPY is (if other than # 4 above): Secretary of State use only Signature: asborne Printed Name

59654

IDAHO SECRETARY OF STATE

BH: 1350522 25.00 ASSUM NAME #

CT: 276996

Osborne

Owner