CERTIFICATE OF ASSUMED BUSINESS NAME SECRETARY OF STATE STATE OF IDAHO 18 6 12 52 PM '98

option of an Assumed Business		SECRETARY OF ST. STATE OF IDAH	J.
The assumed business name business is:	which the undersigned u	se(s) in the transaction of	Ī
	(11 011		
CORNER STOM	e Capital Net	WORK	•
The true name(s) and busines business under the assumed by		y or individual(s) doing	
<u>Name</u>	*	Address	
Jeffrey Allen Cundit	7 4100 Ple	as Artviow Dr. Nam	pg 83
The general type of business t		and havings some in	y
-	ransacted under the assi	umed business name is.	ĭ
#8	ransacted under the ass	umed business name is.	, J
See categories on the reverse	· · · · · · · · · · · · · · · · · · ·	1	
See categories on the reverse The name and address to which Corner Store Cape	ch correspondence shou 'ta/ Netwoek	d be addressed:	*
See categories on the reverse The name and address to which	ch correspondence shou 'tal Network 20. Nampa Fd 83	d be addressed:	
See categories on the reverse The name and address to which Corner Store Cape	ch correspondence should tal Network 20. Nampa Fd 83 Signed	d be addressed:	*
See categories on the reverse The name and address to which Corner Store Cape	ch correspondence shou 'tal Network 20. Nampa Fd 83	d be addressed:	
See categories on the reverse The name and address to whice Corner Stone Cape 4/100 Pleasant view K Submit Certificate of Assumed	ch correspondence should tal Network Signed Fall 83 Signed Fall 83 Capacity Customer #	d be addressed:	
See categories on the reverse The name and address to white Corner Stone Capo 4100 PleesAntview N	ch correspondence should tal Network Signed Fall 83 Signed Fall 83 Capacity Customer #	d be addressed: 686 Confficient Resident Secretary of State use only	
See categories on the reverse The name and address to whice Stone Capped 4/100 Place Stone View Business Name and \$20.00 fee Secretary of State	ch correspondence should the Network No. Nampa, Fd 83 Signed	d be addressed: 686 Confidence Confiden	
See categories on the reverse The name and address to white Corner Stone Cape 4100 Pleasant view K Submit Certificate of Assumed	ch correspondence should the Network No. Name of 83 Signed Signed Surger Capacity Customer #	d be addressed: 686 Confficient Resident Secretary of State use only	