

Capacity/Title: OWNER

## CERTIFICATE OF ASSUMED BUSINESS NAME

11 APR 29 AM 8: 28

FILED EFFECTIVE

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

SECRE ARY OF STATE STATE OF IDAHO

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

B-PE	LECTRONICS
The true name(s) and <u>business</u> address( business under the assumed business na	
<u>Name</u>	Complete Address
WILLIAM W PATEREK	6131 HWY 8 BOVILL, ID 83806
YVONNE A PATEREK	6131 HWY 8 BOVILL, ID 83806
The general type of business transacted  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities  n  Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:  WILLIAM PATEREK	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
6131 HWY 8 BOVILL, ID 83806	208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above):	ent Secretary of State use only
ted Name: WILLIAM PATEREK acity/Title: OWNER acture: Your Paterek ted Name: YVONNE PATEREK	IDAHO SECRETARY OF STA  94/29/2011 95 CK: 6709 CT: 258294 BH: 1 1 8 25.00 = 25.00 ASSUM

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