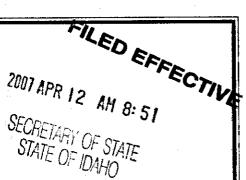


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See Instructions on reverse before filing.



D10402

Professional Cable Solutions		
The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing Complete Address	
Name Benjamin Michael Blankswade 3625 E	ast 2nd Ave. Apt D, Post Falls, Idaho 8	3854
Denjamin Michael Diankswade 3023 E	asi ziru Ave. Api D. Posi Fallo, Idalio o	
		1 -
		-:
	s accumed business name is:	
The general type of business transacted under the	e assumed pusiness name is:	
Retail Trade Transportation and P	ublic Utilities	
Tretail Hade		
Tritoicodio irado		
Services Agriculture	Submit Certificate of	
☐ Manufacturing ☐ Mining	Assumed Business	
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:	
	0	
The name and address to which future	Secretary of State	
correspondence should be addressed:	700 West Jefferson	
Pan Plankovada	Basement West	
Ben Blankswade	PO Box 83720 Boise ID 83720-0080	
3625 East 2nd Ave. Apt D	208 334-2301	Sa.
Post Falls, Idaho 83854	200 334-230]	angea (A)
	Phone number (optional):	
. Name and address for this acknowledgment		
CODY iS (if other than #4 above).	(650)703-2671	
	Secretary of State use only	
	Secretary or state assessing	
990' uga	Secretary of State use only	
ature:	Secretary of State ass Only	
(eigneture required)	Secretary of State ass only	, *
ed Name: Benjamin M. Blanksund acity/Title: Owner	IDAHO SECRETARY (F STATE