

Signature:\_

Capacity/Title:

Printed Name: BECKY McK

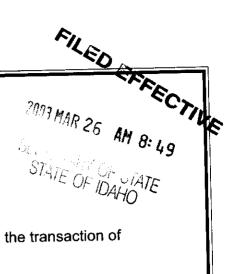
(see instruction # 8 on back of form)

## 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.



The assumed business name which the undersigne business is:	
OPEN LINES Inc.	
The true name(s) and business address(es) of the observed business under the assumed business name: Name	Complete Address
Becky a Tom Mckinstry 43	20 W. Moonlake Dr
BECKY & Tom Mckinstry 43 TOBEC Enterprises, Inc M	millan, DD 83642
3. The general type of business transacted under the	
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Open Lines Inc.  4320 W Moon Lalu Dr	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208 - 834 - 8823
	Secretary of State use only

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IDAHO SECRETARY OF STATE

03/26/2003 05:00

CK: 1035 CT: 168598 BH: 678889
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