

Capacity/Title:

9/21/2012

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.

Instructions are included on back of application.

2014 MAY -5 AM 9: 20

SECRETARY OF STATE STATE OF IDAYO

0170921

The assumed business name business is:	which the undersigne	d use(s) in the transaction of	
Network Technologies Pro			
2. The true name(s) and <u>business</u> business under the assumed Name Network Technologies Pro, Ltd. C 202075	business name:	entity or individual(s) doing <u>Complete Address</u> eridge Rd - Blanchard ID 83804	
(7070)			<u> </u>
Wholesale Trade	Fransportation and Pui Construction		į.
Services Manufacturing Finance, Insurance, and	Agriculture Mining d Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to who correspondence should be address. April Erickson 480 Stoneridge Rd - Blanchard ID	ldressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080	
Too Otonomago Na Bianomara 12		208 334-2301	
5. Name and address for this accopy is (if other than # 4 above):	:knowledgment		
		Secretary of State use only	
Printed Name: President Capacity/Title: President		IDAHO SECRETARY OF STATE 05/05/2014 05:00 CK:5005 CT:263455 BH:1423196	
Signature:		16 25.00 = 25.00 ASS	UM NAME #
Printed Name:			

abri.pmd Rev. 07/2010