CERTIFICAT	
ASSUMED BUSI	NESS NAME
Pursuant to Section 53-504, Idaho submits for filing a certificate of As	NESS INAIVIE to Code, the undersigned assumed Business Name.
Please type or print le	
NOTE: See instructions on revel	rse before filing.
 The assumed business name which business is: 	h the undersigned use(s) in the transaction of
Quik Internet an	NO BOILDRY
2. The true name(s) and business add	dress(es) of the entity or individual(s) doing
business under the assumed busin Name	Complete Address
Scott Alan Galloway	498 E. Wakely
Codi Lee Galloway	Meridian Td 83616
The general type of business trans	sacted under the assumed business name is:
Retail Trade	sportation and Public Utilities
	struction
	culture Submit Certificate of
Manufacturing Minin	ng Assumed Business
Finance, Insurance, and Rea	al Estate Name and \$20.00 fee to:
4. The name and address to which fu	
correspondence should be address	sed: 700 West Jefferson
HOG G MARKAL	Basement West PO Box 83720
498 C. Wakely	
	<u>416</u> 208 334-2301
<u>Codi</u> Galloway	
5. Name and address for this ackno	
COPY iS (if other than # 4 above):	(208) <u>938-1323</u>
	Secretary of State use only
Signature: Code Dullaway	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE 10/29/2002 05 = 0
Printed Name: Codi Galloway	
	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	CK: 1397 CT: 158010 BH: 6431
	1 9 20.96 = 20.96 ASSUM NAME
	レノロク