



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 AUG -9 PM 4: 28

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Comma Com Technologies

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Christopher R. Bjornberg

1800 N. Cole Rd. Apt. B018 Boise, ID 83704

D. Jason McConnell

210 Glacier Dr. Jerome, ID 83338

B. Marshall Burtcher

5730 S. 900 E. #3 Salt Lake City, UT 84121

3. The general type of business transacted under the assumed business name is:

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |  |

4. The name and address to which future correspondence should be addressed:

Christopher R. Bjornberg

1800 N. Cole Rd. Apt. B108

Boise, ID 83704

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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):

Secretary of State use only

Signature: \_\_\_\_\_

*(signature required)*

Printed Name: Christopher R. Bjornberg

Capacity/Title: General Partner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE  
08/12/2002 05:00  
CK: 1400 CT: 162597 BH: 481959  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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