



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JUN -2 AM 10:12

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

All Things Fiber

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

Linda L. Eckenrode

1117 Main Avenue, Ste. 3A, St. Maries, ID 83861

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

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

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Linda L. Eckenrode

1117 Main Avenue, Ste. 3A

St. Maries, ID 83861

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Linda L. Eckenrode

1938 W. Idaho Avenue

St. Maries, ID 83861

Signature: Linda L. Eckenrode

Printed Name: Linda L. Eckenrode

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/03/2014 05:00

CK:2657 CT:158010 BH:1427413
10 25.00 = 25.00 ASSUM NAME #2

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