## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse #0 MAY)

	(Floase type of print legibly.	See instructions of feverse all May
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idate gives notice of adoption of an Assertation and Assertations are supplied to the section of the section o	aho Code, the undersigned STATE ANY 15 26
1.	The assumed business name which the un	ndersigned use(s) in the transaction of
	business is:	
	UR COMMUNICATIONS	``` <b>.</b>
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name	Complete Address
	Richard Schaaf 1	1080 TOWNSEND LOOP POST FOLK IN
3.	The general type of business transacted ur (mark only those that apply)  Retail Trade   Manufacturing	
4	<ul><li>Wholesale Trade</li><li>✓ Agriculture</li><li>✓ Construction</li></ul>	
4.	The name and address to which future P correspondence should be addressed:  Richard Schaff	Phone number (optional):
		Submit Certificate of Assumed Business
	1080 TOWNSEND LOOP	Name and <b>\$20.00</b> fee to:
	POST Falls, ID 83854	Secretary of State
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	700 West Jefferson
		Secretary of State use only IBANO SECRETARY OF STATE
		65/65/2000 09:00 CX: 2369 CT: 138653 M: 315234
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gnatu	0 / 0	1 8 28.00 = 20.00 ASSUM NAME # 2

Printed Name: Richard Schaaf

Capacity: President

(see instruction # 8 on back of form)

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