

Printed Name: Chris

Capacity/Title: Owner

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS NAM  Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business  Please type or print legibly.  NOTE: See instructions on reverse before filing	signed Name.
The assumed business name which the undersignate business is:  AMERITEC	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Christina Montero  5/5	entity or individual(s) doing  Complete Address  Space Rd Sagle (D 83860)
3. The general type of business transacted under the  Retail Trade	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Ameritec  515 Spade Rd  Sagle 10 83860	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

IDAHO SECRETARY OF STATE @7/21/2004 05:00 CK: 3548 CT: 158818 BH: 756644 @ 25.88 = 25.88 ASSUM NAME # 2 1 0 25,00 =

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