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2011 FEB -3 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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:

   COVERS R US

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
CUSTOM CELLULAR INC	468 HUNTER AVE, TWIN FALLS, ID 83301
C1108142	

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

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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:

   COVERS R US
   C/O JACOB GARLING
   468 HUNTER AVE, TWIN FALLS, ID 83301

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

Signature:
Printed Name: JACOB GARLING
Capacity/Title: PRESIDENT
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
02/03/2011 05:00
CK: 599127 CT: 172099 BH: 1250486
1 @ 25.00 = 25.00 ASSUM NAME @ 2

abn.pmd Rev. 07/2010

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