## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

## To the SECRETARY OF STATE, STATE OF IDAHO

Wave Satellite and Home Theater

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

The true name/a) and business	سيله فحراجه محاملته	and the control of the state	

۷.	I he 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				
	Wave Enterprises Inc.	525 Twi	light Ct.	CDA,	Idaho	83815
3. Th	ne general type of business transacted (mark only those that apply)	under the	assumed bu	usiness	s name i	is:
	Retail Trade		Transport Finance, I Mining			ic Utilities Real Estate
	The name and address to which future Phone number (optional): (208) 772-1569 correspondence should be addressed:				-1569	
Wave Enterprises 525 Twilight Ct. CDA, Idaho 83815			Assu	med Bu	ficate of siness 20.00 fee	e to:

5. Name and address for this acknowledgment CODY IS (if other than # 4 above).

Secretary of State 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature

Printed Name: Ed D Walker

Capacity: President

(see instruction # 8 on back of form)

06/01/1998 09:00 CK: 919946626 CT: 9995 M: 115691

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