CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.  98 SEP 28 AM ID:			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:  SECRETARY GF STATE OF IDAHO  STATE OF IDAHO		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Cor	nplete Address
	Carol A. Craig	494 Robie	CrK. Rd., Boise, Id. 83714
3.	The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade		
4.	The name and address to which future correspondence should be addressed:	Phone number	(optional): <u>943*/928</u>
	Treasure Valley Cellular 494 Robie Creek Road		Submit Certificate of. Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
Signati	ure: arol 1. Sarg	Revision 1988	
rinted	Name: CAROLA. Craig	38	IDAHO SECRETARY OF STATE
Capac	ity: Owner	менти рабо	09/28/1998 89:00 0: 4672 01: %132 No. 146724

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9-25-98