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

	The assumed business name which the business is: SNAKE RIVER CABLE	· · · · · · · · · · · · · · · · · · ·
2.	The true name(s) and business address business under the assumed business name	
	James R. Martell	P.O. Box 1056, Glenns Ferry, ID 8362
	Carmela M. Martell	P.O. Box 1056, Glenns Ferry, ID 8362
	Wholesale Trade Agriculture	
4.	X Services Construction The name and address to which future correspondence should be addressed: Snake River Cable	Phone number (optional): 208) 366-2700 Submit Certificate of
4.	X Services Construction The name and address to which future correspondence should be addressed: Snake River Cable P.O. Box 1056	Phone number (optional): 208) 366-2700
	X Services Construction The name and address to which future correspondence should be addressed: Snake River Cable	Phone number (optional): 208) 366-2700 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	The name and address to which future correspondence should be addressed: Snake River Cable P.O. Box 1056 Glenns Ferry, ID 83623 Name and address for this acknowledge copy is (# other than # 4 above):	Phone number (optional): 208) 366-2700 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. ignat	The name and address to which future correspondence should be addressed: Snake River Cable P.O. Box 1056 Glenns Ferry, ID 83623 Name and address for this acknowledge copy is (# other than # 4 above):	Phone number (optional): 208) 366-2700 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

1 8 20.80 = 20.00 ASSUM NAME # 2

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