## 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, keep gives notice of adoption of an		
1.	The assumed business name which the undersigned use(s) In the transaction of business is:		
	AdvANTAGE CELLUAR		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name  Name  Nines Visit Nines	<u> </u>	Complete Address
	G-NEY SPACESTOCK	TWIN	Falls Idano 83301
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future	Phone nu	mber (optional):
	ADVINTAGE CELLUAR		Submit Certificate of
	453 RILLE LAKES BLVD. N		Assumed Business Name and \$20.00 fee to:
	TWIN FALLS, IDAHO 8332	) [	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Basement West PO Box 83720
			Bolse ID 83720-0080 208 334-2301
			Secretary of State use only
Sionatu	ire Taney Royaldery	Revision SA	064153
_	Name: Geney Stoulding		
Capaci	IV: OWNER /OFERATOR	formation	IDAHO SECRETARY OF STATE
	(see instruction # 8 on back of form)	glicon, d	04/03/2003 05:00 CK: 264 CT: 158010 BH: 672637 1 0 20.00 = 20.00 ASSUM NAME # 2