

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.

RECEIVED
AUG 18 9 43 AM '98
STATE

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

INTERLINK CELLULAR

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

Complete Address

LINCOLN G. FOGEL

3519 JONES PL.

BOISE, ID 83704

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

SAME AS #2

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

SAME AS #2

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/18/1998 09:00
CK: CASH CT: 102063 BH: 137646

1 @ 20.00 = 20.00 ASSUM NAME

D 17581

Signature:

Lincoln G. Fogel

Printed Name:

LINCOLN G. FOGEL

Capacity:

PRESIDENT

(see instruction # 8 on back of form)