



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2003 JUL 25 AM 9:25

I, LYNN R. H. KEARNS, the undersigned, Secretary of State, State of Idaho, 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: STATE OF IDAHO

SPATIAL SOLUTIONS ~~SPATIAL SOLUTIONS~~

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
<u>LYNN R. H. KEARNS</u>	SPATIAL SOLUTIONS
	<u>510 E. 17th St., No. 105</u>
	<u>Idaho Falls, ID 83404</u>

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

- | | | |
|--|--|--|
| <input 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 checked="" 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): _____

LYNN KEARNS / SPATIAL SOLUTIONS
~~SPATIAL SOLUTIONS~~ 510 E. 17th St., No. 105
IDAHO FALLS, ID 83404

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

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

Signature: Lynn R. H. Kearns
Printed Name: LYNN R. H. KEARNS
Capacity: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

Revision 12/99

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IDAHO SECRETARY OF STATE
07/08/2003 05:00
CK: 2912 CT: 158010 BH: 689838
1 @ 25.00 = 25.00 ASSUM NAME # 2

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