



# CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 MAY 17 P 2:36

Please type or print legibly.  
NOTE: See instructions on reverse before filing.

THE SECRETARY OF STATE  
STATE OF IDAHO

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

AVC CONNECTED SOLUTIONS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

RYAN KEITH JACOBSON

1785 W. MULHOLLAND CT. KUNA, ID 83634

ROBERT DAVID SOLT

6218 S. SOLAR AVE. BOISE, ID 83709

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

AVC CONNECTED SOLUTIONS

6218 S. SOLAR AVE.

BOISE, ID 83709

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

Phone number (optional):

Secretary of State use only

Signature: Ryan K Jacobson  
(signature required)

Printed Name: Ryan K. Jacobson

Capacity/Title: \_\_\_\_\_

(see instruction # 8 on back of form)

Form 53-504  
Revised 12/2003

IDaho SECRETARY OF STATE  
05/17/2004 05:00  
CK: 51724890026MF CT: 172099 BH: 745512  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 76411