## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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.

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

ICRONET DISTRIBUTING

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

2.	business under the assumed business name is/are:  Complete Address	i
	MARIN BAHICA ( 528 479 AVE W	
MIIII EUSTUS	E 953 BLUE LAKES TO 83301	
3.	The general type of business transacted under the assumed business name is (mark only those that apply)	1
	Retail Trade  Manufacturing  Transportation and Public Utilities  Wholesale Trade  Agriculture  Services  Mining	ı
4.	The name and address to which future correspondence should be addressed:  Submit Certificate of Assumed Business Name and \$20.00 fee to:	

83301 Twin PAUS ID

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

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

Signature: Maria Barrien

Printed Name: MARIN SANICA

Capacity: OWNER

(see instruction # 8 on back of form)

THEN SELECTED TO STATE IN

1 8 28.86 = 28.88 ASSUM HAVE

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