

CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print in ink. See instructions.)

(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.

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

Team Tech Consulting Services

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

<u>Name</u>	<u>Complete Address</u>	(Temporary)
<u>Homer Theodore Morrison</u>	<u>1569 Saratoga St. Pocatello ID 83201</u>	
<u>Amy Hill Morrison</u>	<u>(Same)</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
<i>Consulting.</i>		

4. The name and address to which future correspondence should be addressed: _____ Phone number (optional): _____

Team Tech Consulting Services

1569 Saratoga St.

Locatello, ID 83201

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

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 and

THE SECRETARY OF STATE

10/16/1998 09:00
DO: 1838 CT: 185397 SH: 15386

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Signature: John J. Mauer

Printed Name: Homer Theodore Morrison

Capacity: SOLE PROPRIETOR

(see Instruction # 8 on back of form)