

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

12 APR 20 AH 8: 47

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	IMAGO DEI CLOCK
2. The true name(s) and <u>business</u> ac business under the assumed busi <u>Name</u> GRAPHICOMM INCORPORATED Idaho # C169918	oddress(es) of the entity or individual(s) doing siness name: Complete Address P.O. BOX 638, COCOLALLA, ID 83813
Retail Trade Trans Wholesale Trade Cons	nsacted under the assumed business name is: Insportation and Public Utilities Instruction Instruction
☐ Manufacturing ☐ Mini ☐ Finance, Insurance, and Re	ing Submit Certificate of Assumed Business
 The name and address to which f correspondence should be addres GRAPHICOMM INC. 	450 North 4th Street PO Box 83720
P.O. BOX 638 COCOLALLA, ID 83813	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	owledgment
gnature: Mosethy	Secretary of State use only
nted Name: THOMAS LEO	
pacity/Title: PRESIDENT	
nature: <u>Granifer Leo</u>	
inted Name: JENNIFER LEO	IDAHO SECRETARY OF STATE 04/20/2012 05:0
apacity/Title: VICE-PRESIDENT	CK: 11643 CT: 266569 BH: 1326 1 9 25.00 = 25.00 ASSUM NAME

abn.pmd Rev. 07/2010

1 @ 25.00 = 25.00 ASSUM NAME # 2

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