



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

# FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned <sup>00 JAN 28 AM 11:06</sup> 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:

GENTEL CONSULTING

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>RICHARD H. TOWNER</u>	<u>5655 LITTLE WILLOW RD</u>
	<u>PAYETTE, ID 83661</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:

RICHARD TOWNER  
5655 LITTLE WILLOW RD  
PAYETTE, ID 83661

Phone number (optional) 208/642-3057  
*after 2/20/00*  
*425/844-9607 before 2/20/00*

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

RICHARD TOWNER  
24300 NE 193<sup>RD</sup> PL  
WOODINVILLE, WA 98072

Signature: Richard H. Towner  
 Printed Name: RICHARD H. TOWNER  
 Capacity: OWNER

(see instruction # 8 on back of form)

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 use only

IDAHO SECRETARY OF STATE  
 01/28/2000 09:00  
 CK: 1076 CI: 125075 BH: 205241  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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