| 227                                                                                                                                                           | FILED                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE OF ASSUMED BUSINESS NAME<br>(Please type or print legibly)                                                                                        |                                                                                                                            |
| To the SECRETARY OF STATE, STATE OF IDAHO<br>Pursuant to Section 53-504, Idaho Code, the undersigned<br>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: Choice Communications                                            |                                                                                                                            |
| <ol> <li>The true name(s) and business address(es) of the entity or in business under the assumed business name is/are:</li> <li><u>Name</u></li> </ol>       | idividual(s) doing<br><u>e Address</u><br>tarbor Dr. w. Post Fails,                                                        |
| <ul> <li>3. The general type of business transacted under the assumed (mark only those that apply)</li> <li>Retail Trade</li> <li>Manufacturing</li> </ul>    | business name is:                                                                                                          |
| <ul> <li>Services Construction Mining</li> <li>4. The name and address to which future</li> </ul>                                                             | , Insurance, and Real Estate                                                                                               |
| <u>100 RIVERSIDE HARbor Dr. W.</u> Ass                                                                                                                        | mit Certificate of<br>umed Business<br>ne and <b>\$20.00</b> fee to:                                                       |
| Attive Pamela Harmon Sec<br>5 Name and address for this acknowledgment Bas                                                                                    | retary of State<br>West Jefferson<br>ement West                                                                            |
| COPY IS (if other than # 4 above): Bois                                                                                                                       | Box 83720<br>se ID 83720-0080<br>334-2301                                                                                  |
|                                                                                                                                                               | <sup>ecr<b>yinno<sup>1</sup>seck</b>ethry°0<sup>fy</sup> state<br/>02/29/2000 09:00<br/>K: 7729 Ct: 81685 BH: 294188</sup> |
| Signature: Mulhamon                                                                                                                                           | 1 8 28.88 = 28.88 ASSUM NAME # 2                                                                                           |
| Printed Name: <u>Hamcla D. Harmon</u><br>Capacity: <u>Owner</u><br>(see instruction # 8 on back of form)                                                      | D 33554                                                                                                                    |

# : ``