CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED/EFFECTIVE

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 Natries: 06

1.	The assumed business name which the undersigned use(s) in the transaction of usiness is: STATE OF IDAHO			
	Teater Consult	ing		
2.	The true name(s) and business address(est business under the assumed business name Name David Tenter	ne is/are:	Complete Ad	• •
		Hayd	en, 10	83835
3.	The general type of business transacted up (mark only those that apply)	nder the a	ssumed busir	ness name is:
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g 🗌		on and Public Utilities urance, and Real Estate
4.	4. The name and address to which future Phone number (optional): (208) 772-65 correspondence should be addressed:			
	David Teater 8116 Loch Haven Dr, # 2		Assumed	Certificate of discourage of Business and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	700 Wes Basemer PO Box	83720 83720-0080
		88	Secretar	y of State use only
Signatu	ire: LaidTeale	Revision 12/89	07/2	U SECRETARY OF STATE 8/2000 09:00 ET: 83243 BH: 337050
-	Printed Name: David Teater			90 = 20.00 ASSUM NAME # 2
Capaci	ty: President (see instruction # 8 on back of form)	g:\comptoms\abn.p65	D3	7156