Capacity: owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO 2004 MAY 24 AT 8: 50 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 ເ business is:	undersigned use(s) in the transaction of
Inland Electronics	
2. The true name(s) and business address(e business under the assumed business na Name Shawn Madron Cillasoic	Complete Address
Shawh madron Billaspie	2024 A 6 th Street Coeurd Menent 08:
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
 The name and address to which future F correspondence should be addressed: 	Phone number (optional):
Shown M. Gallagero 2024 N. 6th St.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Coeur d'Alene, TD 83814 5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State
	Secretary of State use only
Signature: Shawn M. Gallage	Revision 1/38
Printed Name: Shawn M. Gillaspie	IDAHO SECRETARY OF STATE 96/04/2904 65:90 CK: 44739873918 CT: 158818 BM: 748718 1 0 25.00 = 25.00 ASSIM MARKET
Capacity: owner sole arearistac	1 0 25.00 = 25.00 ASSUM HAVE # 3

D77008