

CERTIFICATE OF ASSUMED BUSINESS NAME

Comments that

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

02 JUN 17 PM 3: 38

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

		(a) in the transaction of
1. The assumed business name which the under	ersigned	use(s) in the transaction of water
business is:		
Northwest Wireless Solutions		
The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name	of the en	tity or individual(s) doing <u>Complete Address</u>
——————————————————————————————————————	1249 L	and Ave #218 Boise ID 83702
MICHAEL D. HOTTMANN	. , , , , , , , , , , ,	
3. The general type of business transacted und	der the a	ssumed business name is:
T. T		
	with the	
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture		Submit Certificate of
☐ Manufacturing ☐ Mining		Assumed Business
Finance, Insurance, and Real Estate		Name and \$20.00 fee to:
		Secretary of State
The name and address to which future correspondence should be addressed:		700 West Jefferson
		Basement West
Michael E. Hoffmann		PO Box 83720 Boise ID 83720-0080
1249 Grand Ave # 218		208 334-2301
Boise ID 83702		
5. Name and address for this acknowledgme	ent	Phone number (optional):
COpy is (if other than # 4 above):		<u></u>
· •		
		Secretary of State use only
	 æ	
1-100110	i/adon.pt	
Signature: (signature required)	, forms	IDAHO SECRETARY OF STATE
Printed Name: Michael E. Hoffmann	g.corptomstabn formstabn.p65 Revised 12/2001	06/18/2002 05:00 CK: 2794 CT: 158010 BH: 472215 1 8 28.98 = 28.00 ASSUM MANE # 2
Capacity/Title: Owner	i toorpi	2
(see instruction # 8 on back of form)	D3	U55004