27		
See.	CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 11 JUN 15 AM 8: 51		
submits for filing a certificate of Assumed Business Name.		
Please type or print legibly. Instructions are included on back of application. STATE OF IDAHO		
	instructions are included on back of ap	Direction. OF IDAHO
1.	The assumed business name which the ur	ndersigned use(s) in the transaction of
	business is: Whatel I	pldaho.com
<ol><li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li></ol>		
	Name	Complete Address
	Cynthia Walker	PO Box 51474
		Idaho Falls, ID 83405-1374
		<u></u>
3.	The general type of business transacted u	
	Retail Trade Iransportatio Wholesale Trade Construction	n and Public Utilities
	Services Agriculture	
	Manufacturing Mining	Submit Certificate of Assumed Business
	Finance, Insurance, and Real Estate	
4.		Secretary of State
	correspondence should be addressed: Cynthia Walker	450 North 4th Street PO Box 83720
	240 Garden St.	Boise ID 83720-0080 208 334-2301
	Idaho Falls, ID 83402	200 00 200 1
5.	Name and address for this acknowledgme	ent
	COPY IS (if other than # 4 above).	
		Secretary of State use only
Signa	ature unthall alk	
		rer
	acity/Title: OLSNER PLRECTON	- Idano secretary of state
Drinted Name: 06/15/2011 05:00 CK: 2152 Cf: 158010 8H: 1278430		
Capacity/Title		
F	aon.pmd Rev. 0	D148331