FILED FFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

20114 APR 23 AM 9: 07

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the u business is: Lega	acy Satellite
2. The true name(s) and business address(e business under the assumed business na Name Legacy Quest, Inc.	es) of the entity or individual(s) doing ame: Complete Address 5601 Rockwood Ave. Iona, Idaho 83427
3. The general type of business transacted usiness transportation.	under the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Legacy Quest, Inc. P.O. Box 494 Iona, Idaho 83427 Iona, Idaho 83427 5. Name and address for this acknowledgm copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Printed Name: Rick Rowberry Capacity/Title: President (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/23/2004 05:00 CK: 2530 CT: 158610 BH: 741878 1 9 25.00 = 25.00 ASSUM NAME # 2

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