

Printed Name: Anthony R

Capacity/Title: Connect /Opprevator

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business nam	
Name	Complete Address
Anthony R Fisher	11501 ELCENTRO
•	Boise Id. 83709
The general type of business transacted un	nder the assumed business name is:
	n and Public Utilities
Wholesale Trade☐ Construction☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
Anthony Fisher	PO Box 83720
11501 ELCOUTION BOISE	Boise ID 83720-0080 208 334-2301
dd. 83709	206 334-2301
. Name and address for this acknowledgme	ent Phone number (optional):
CODY is (if other than # 4 above);	(208) 371-6419

IDAHO SECRETARY OF STATE
11/28/2005 05:00
CK: 4527 CT: 158010 BH: 923970
1 0 25.00 = 25.00 ASSUM NAME # 2

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