FILED EFFECTIVE



Printed Name:

Capacity/Title: Ounec

(see instruction # 8 on back of form)

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned SEP 12 AM 9: 17

Please type or print legibly. NOTE: See instructions on reverse before filling.

Cougar Communications	
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate e name and address to which future rrespondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West
ohn Adler	PO Box 83720
17 W Sixth St Suite 106 loscow, ID 83843	Boise ID 83720-0080 208 334-2301
ame and address for this acknowledgment opy is (if other than # 4 above):	Phone number (optional): 208 - 310 - 9133

IDAHO SECRETARY OF STATE 99/12/2003 95 # 00 CK: 1524 CT: 158010 BH: 701327 1 2 25.00 = 25.00 ASSUM MANE # 2