

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



FILED/EFFECTIVE

01 FEB 12 AM 10:44

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name

1. The assumed business name which the undersigned use(s) in the transaction of business is:

WIRELESS ADVANTAGE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
JOE SHELTON

Complete Address

4154 MEADOW RIDGE CIRCLE, TWIN FALLS, ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

WIRELESS ADVANTAGE ATTN: JOE SHELTON

4154 MEADOW RIDGE CIRCLE

1

TWIN FALLS, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

A.L. Evans Bank % Boia

Box 87

Twin Falls, ID 83303

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 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
IDaho SECRETARY OF STATE

02/12/2001 09:00
CK: 952991 CT: 24005 MI: 378394

1 @ 20.00 = 20.00 ASSUM NAME # 3

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