

CERTIFICATE OF ASSUMED BUSINESS NAME

06 MAR -3 AM 9: 39

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.

WHEIZE'S	my coupon	_ SATELLET	SERVECES	
business under 1 <u>N</u>	and <u>business</u> addrest the assumed business ame are∾seN	s name:	entity or individual(s) doing <u>Complete Address</u> MAVERECK DO CALOW	ELL, FO, 8360 5
Retail Trac	le Transport	ation and Put	assumed business name is:	
☐ Wholesale☐ Services☐ Manufacture☐ Finance, Ir	Agricultu	re	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	
CalDWELL,			208 334-2301	
5. Name and address copy is (if other than	ess for this acknowled #4 above):	lgment	Phone number (optional):	
		_	Secretary of State use only	<u> </u>
Signature:		nstabn.p86	097	135
Printed Name: TSIE	(signature required) MORTENSEN	formslabn formst	IDAHO SECRETARY O	F STATE
Capacity/Title:	が # 8 on back of form)	g:\corp\forms\abn form	CK: 741755 CT: 172899	