

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.

2013 NOV -6 AM 9: 28

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the ubusiness is: \$\int R1\phi N NETWORK\$	indersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Authory CAFIERD	Es) of the entity or individual(s) doing time: Complete Address 2900 N GOVERNMENT WAY # 427 COEUR DALENE, ID, 83815
3. The general type of business transacted usiness transacted usiness transacted usiness transacted usiness. Retail Trade	on and Public Utilities
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ANTHONY CAFIERD	Secretary of State 450 North 4th Street PO Box 83720
2900 N GOTTUM # 427 CHENT DALENE 10; 83815 5. Name and address for this acknowledgme copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 ent
Signature: Onthong Company Printed Name: Mithous CAFIERS	Secretary of State use only
Capacity/Title: OWNER	IDAHO SECRETARY OF STATE
Signature:	11/06/2013 05:00 CK: 1843 CT: 289417 BH: 1396978
Printed Name:	1 8 25.88 = 25.88 ASSUM NAME # 2
Capacity/Title:	D166880