Printed Name: _____
Capacity/Title: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

11 JUL 25 AN 9:12

SECRETARY OF STATE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Liberation Cellular 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Liberation Anticorp LLC 2025 S Candlewod Dr., Nampa ID 83686 The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and **\$25.00** fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Liberation Anticorp LLC Boise ID 83720-0080 2025 S Candiewood Dr 208 334-2301 Nampa ID 83686 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: _/\lambda Printed Name: Caleb Barham Capacity/Title: Owner Signature: ____

IDAHO SECRETARY OF STATE

107/26/2011 05:00

CK: 1501 CT: 260962 BH: 1283946

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