



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2004 JUL 29 P 1:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

AudTech

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

Name	Complete Address
<u>Donald John Erickson</u>	<u>1215 N. 20th St. Boise, ID. 83702</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

AudTech
1215 N 20th St.
Boise, Id. 83702

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
208 334-2301

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

Phone number (optional):

208-345-8005

Secretary of State use only

Signature: _____

Donald John Erickson
(signature required)

Printed Name: _____

Donald John Erickson

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

g:\corp\forms\abn_fomts\abn.ps5
Revised 04/2003

IDAHO SECRETARY OF STATE
07/29/2004 05:00
CK: CASH CT: 150010 BH: 750167
1 @ 25.00 = 25.00 ASSUM NAME # 2

D78694