

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
2005 FEB -9 AM 8: 44
SECRETARY
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

Capacity/Title: President

(see instruction # 8 on back of form)

The assumed business name which the business is: Vital Power &	Communications
The true name(s) and business address(business under the assumed business notes and the name of the n	name: Complete Address
Tim Symons	2900N Government way PMB# 306 Cocura/Alun 83815
The general type of business transacted Retail Trade Transportat	d under the assumed business name is:
Wholesale Trade Wholesale Trade Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Vital Power & Communications	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
2900 N. Government Way PMB#304 Coeurd'Alene, Id. 83815	208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	gment Phone number (optional): (208) 765-1483
	Secretary of State use only
nature Symons ted Name: Tim Symons	IDAHO SECRETARY OF STATE

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