



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED  
DEC 31 1998

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

MARKETEX DIRECT.

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

Name	Complete Address
<u>MIAN F. MEHMOOD</u>	<u>10378 Fairview Ave.</u>
	<u>Ste. 188</u>
	<u>Boise, ID 83704</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

MIAN F. MEHMOOD  
DBA Marketex Direct.  
10378 Fairview Ave.  
Ste 188 / Boise, ID-83704.

Submit Certificate of Assumed Business Name and \$20.00 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):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: [Signature]

Printed Name: MIAN F. MEHMOOD.

Capacity: Owner.

(see instruction # 8 on back of form)

Revision 1/98

g:\compforms\idbn.p65

Secretary of State use only  
 IDAHO SECRETARY OF STATE  
 12/31/1998 09:00  
 CK: 2588 CT: 100922 BH: 174843  
 1 @ 20.00 = 20.00 ASSUM NAME # 2

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