

Printed Name: △△

Capacity/Title: <u>CED</u>

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name Please type or print legibly. **CERTIFICATE OF**

NOTE: See instructions on reverse before filir	ng.
. The assumed business name which the undersign business is: Broxus Technology	ned use(s) in the transaction of
t. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Matthew Brock Halris 10 th	e entity or individual(s) doing Complete Address Bose, PAO Halstoad 2 Apt 101 837
Transportation and	
 ☐ Wholesale Trade ☐ Construction ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: M. Brock Harris 10790 Halstead, Apt. 101 Boise 10 83713	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):
	Secretary of State use only
gnature: M. Brade A Mio	

IDAHO SECRETARY OF STATE

10/22/2002 05:00

CK: CASH CT: 158010 BH: 641969
1 20.00 = 20.00 ASSUM NAME # 2