

227



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.

NOTE: See instructions on reverse before filing.

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

Orion Technical Training

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>Michael R. Glass</u>	<u>2312 E. Oakmont Dr. Idaho Falls</u>
<u>Debra L. Glass</u>	<u>2312 E. Oakmont Dr. ID 83404</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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Orion Technical Training
2312 E. Oakmont Dr.
Idaho Falls, ID 83404

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

Signature: Michael R. Glass

Printed Name: MICHAEL R. GLASS

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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

Phone number (optional):

208-528-8123

Secretary of State use only

IDAHO SECRETARY OF STATE
01/31/2003 05:00
CK: 1239 CT: 150018 BH: 660326
1 @ 20.00 = 20.00 ASSUM NAME # 2

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