FILED EFFECTIVE

SECRETARY OF STATE

227

CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

	Me) (P	lease type or	print legibly.	See instru	ictions on reverse.)
	Purs	suant to Sect		aho Code,	OAHO , the undersigned Business Name.
1.	The assumed l				ed use(s) in the transaction of
	business is: Conexion Wirele	ess			
		(s) and busir	ed business na	me is/are:	entity or individual(s) doing : Complete Address Ste. 202, Arlington, TN 38002
<u>-</u>	(W8597	2)			
			······································		
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)				
	☐ Retail Tra ☐ Wholesale ✓ Services		Manufacturi Agriculture Construction		Transportation and Public Utilities Finance, Insurance, and Real Es Mining
4.	The name and address to which future Phone number (optional): (901) 373-3103 correspondence should be addressed:				
	Lance J.M. Steir	nhart, P.C.			Submit Certificate of
	1720 Windward	Concourse	Ste. 115	•	Assumed Business Name and \$20.00 fee to:
_, 5.	Alpharetta	GA	30005		Secretary of State
	Name and address for this acknowledge copy is (if other than #4 above):			ent	700 West Jefferson Basement West PO Box 83720
					Boise ID 83720-0080 208 334-2301
				Makon 12899	208 334-2301

Signature: X

Printed Name: Printed Cox

Capacity: Member

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
10/19/2009 05:00
CK: 12689 CT: 225513 BH: 1191726
1 0 25.00 = 25.00 ASSUM NAME # 2