Printed Name: Steven

(see instruction # 8 on back of form)

Capacity:

## CERTIFICATE OF ASSUMED BUSINESS NAMEFILED (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Aug 10 12 02 PM 3 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Busines Manager of STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: CORNERSTONE Communications 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Stever Dees 1496 W. Garden De Meridia 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Transportation and Public Utilities Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): (208) 844-8202 correspondence should be addressed: Submit Certificate of Assumed Business 1496 W. Garder Dr Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 の**おゲザ替ン 竹うザう<sup>い</sup>もり**Yのの CX: 586 CT: 119888 BH: 248964 28.08 = 28.08 ASSUM NAME # 2 Signature: /