

Signature: ____

Capacity/Title:

Printed Name: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
Instructions are included on back of application.

2013 MAR 28 AM 9: 50 SECRETARY UP STATE

STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Wireless 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 LC 393 E. Allstar Satellite Jan 250 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Submit Certificate of **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street Same PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY is (if other than #4 above): Secretary of State use only Signature: كريم Printed Name: Capacity/Title:

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