227	
CERTIFICATE OF ASSUMED BUSINESS NAM	
Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na	ame. 2002 MAY 16 AM 9: 12
<u>Please type or print legibly.</u> <u>NOTE: See instructions on reverse before filing.</u>	STATE OF IDAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>IMEBICAN</u> Custom Work's	
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: <u>Name</u> <u>Peter Tohw Axenan</u> 31/2 <u>MaiLinx</u> MuC	ntity or individual(s) doing <u>Complete Address</u> Add. S.T. Mullan I.D <u>2 Address Po Box 468</u> an I.D. 53846
 3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ictel TATMAN Po Box 466 McUaw TD. 83846 	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
 Name and address for this acknowledgment COpy is (if other than # 4 above): 	Phone number (optional): 208 744-1286
Signature: Signature: (signature required) Printed Mame: Capacity/Title: OUCCI pervey (signature required) Capacity/Title: OUCCI pervey (signature required) Capacity/Title: OUCCI pervey (signature required) Capacity/Title: OUCCI pervey (signature required) Capacity/Title: OUCCI pervey (signature required) Capacity/Title: OUCCI pervey (signature required) Capacity/Title: OUCCI pervey (signature required) (signature required) (signatu	IDAHO SECRETARY OF STATE 95/16/2002 05:00 CK: 98285597922 CT: 158818 BH: 466138 1 8 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	154976