

CERTIFICATE OF ASSUMED BUSINESS NAME 2004 NOV 12 AM 10: 04

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certific Please type or NOTE: See instructions of		ame. STATE OF IDAHO	
1. The assumed business name business is: Reconnections			
2. The true name(s) and business under the assumed Name	d business name:	Complete Address	. 209
3. The general type of business Retail Trade Wholesale Trade	s transacted under the a Transportation and Pub Construction		
Services Manufacturing Finance, Insurance, and		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State	
	addressed: Counciling Savica Ive., Str. 209 88804	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this copy is (if other than # 4 above):	acknowledgment	Phone number (optional): 208-203-041 Captu III	
Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of fee	g voorpvormsvahn formsvahn p65 Revised 64/2003	IDAHO SECRETA 11/12/206 CK: 1666 CT: 183 1 25.99 = 25.0	34 05 : 00 3652 BH: 776296 30 ASSUM MANE # 2
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