



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Alpha Connections

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name  
Jeffrey L. Head

Complete Address

530 W. Idaho Blvd. Emmett ID 83617

Gail W. Head

same as above

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

Alpha Connections

530 W. Idaho Blvd.

Emmett, ID 83617

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Signature: \_\_\_\_\_

Gail W. Head

Printed Name: \_\_\_\_\_

Gail W. Head

Capacity: owner

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

08/12/1999 09:00  
CK: 1629 CT: 119203 BH: 241604

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 28358

Revision 1/98

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