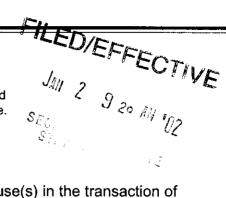


CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	Beacon Wireless
The true name(s) and business a business under the assumed bus	ress(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Telemetric Corporation	12554 W Bridger St, Boise, ID 83713
<u>C138743</u>	
. The general type of business tra	acted under the assumed business name is:
Retail Trade Tra	portation and Public Utilities
	ruction
	ulture Submit Certificate of
☐ Manufacturing ☐ Mi	Name and \$20.00 fee to:
☐ Finance, Insurance, and R	l Estate
. The name and address to which	
correspondence should be addre	sed: 700 West Jefferson Basement West
Telemetric Corporation	PO Box 83720
12554 W Bridger St	Boise ID 83720-0080 208 334-2301
Boise, ID 83713	200 334-2301
5. Name and address for this ack	vledgment Phone number (optional):
COPY is (if other than # 4 above):	208-658-1292
	
	Secretary of State use only
	D50795
nature: Stat School	IDAHO SECRETARY OF STATE 1000016 1000
ted Name: Scott Schoenherr	lowers of 1/02/2002 05:0
	01/02/2002 05:00 CK: 4185 CT: 155187 BH: 4375
pacity/Title: CEO, Telemetric Corpo	1 0 20.00 = 20.00 ASSUM NAME