



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.

FILED/EFFECTIVE

01 JUL 10 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

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

Dr. Digital

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

<u>Name</u>	<u>Complete Address</u>
<u>Jamie Howard</u>	<u>3506 N 3000 E</u>
<u>Emma Howard</u>	<u>3506 N 3000 E</u>

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

3506 N 4000 E
Twin Falls Id
83301

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

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

Signature: Jamie Howard

Printed Name: JAMIE HOWARD

Capacity: Owner

(see instruction # 8 on back of form)

Phone number (optional): _____

Secretary of State use only

g:\corp\forms\abn form\stahn.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
07/10/2001 09:00
CK: 954288 CT: 24885 BH: 487838
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 46694