Signature:___

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

FILED EFFECTIVE

SECRETARISINESS

The assumed business r	name which the undersign	ed use(s) in the transaction of the same is:
Neil's Computer Repair		
	tity names and business ac	ddress(es) of those doing business under you listed in #1):
Neil Katara	659 N. Shadowfox Pl., Eagle, ID 83616	
(Name)	(Address)	
3. The general type of busi	ness transacted under the	assumed business name is:
Retail Trade Wholesale Trade Services	☐ Construction ☐ Agriculture ☐ Manufacturing	☐ Transportation and Public Utilities ☐ Mining ☐ Finance, Insurance, and Real Estate
4. Mailing address for future	e correspondence:	 Name and address for this acknowledgment copy is (if other than # 4).
659 N. Shadowfox Pl., E	agle, ID 83616	(Nanie)
(Address)		(Address)
(City)	iState) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Neil Katara		Secretary of State use only
Signature:	tan	IDANO SECRETARY OF STATE 06/17/2016 05:00
Printed Name:		CK:248 CT:325781 BH:1533696 16 25.00 = 25.00 ASSUM NAME #2
Signature:		,
Printed Name:		D187316
Cianatura		D101210

Rev. 08/2015