

Capacity/Title: COOWNE

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

03 NOV -5 PM 3: 09

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

SECRETARY OF STATE STATE OF INAMO

The assumed business name which the business is:	
<u>COMPUTER JOH</u>	TW. Com
2. The true name(s) and <u>business</u> address business under the assumed business Name Name TED GRIFFIN KATHY HOMUTH	s(es) of the entity or individual(s) doing name: <u>Complete Address</u> <u>6009 ROBERTSONDR, BOISE, ID</u> 83
3. The general type of business transacted	d under the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment Phone number (optional): 208)573-5850
	Secretary of State use only
inature: Signature required) inted Name: Fig. (3)	- \$90 IDAHO SECRETARY OF STATE 11/05/2003 05:00 CK: 562 CT: 158618 DU: 719178

IDAHO SECRETARY OF STATE
11/05/2003 05:00
CK: 502 CT: 158010 BH: 710178
1 8 25.00 = 25.00 ASSUM NAME # 2