



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

2004 OCT 27 AM 9:20

STATE OF IDAHO

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

Rainy Day Computers

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

Name

Complete Address

Ryan McIntire

2923 E. Fairway Dr. Coeur d'Alene, ID 83815

Michele McIntire

2923 E. Fairway Dr. Coeur d'Alene, ID 83815

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" 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:

Ryan McIntire

2923 E. Fairway Dr.

Coeur d'Alene, ID 83815

Submit Certificate of
Assumed Business
Name and **\$25.00** 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):

Phone number (optional):

(208) 665-7916

Secretary of State use only

Signature: _____

Ryan McIntire
(signature required)

Printed Name: _____

Ryan McIntire

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

g:\cforms\slabn form\slabn.p65
Revised 04/2003

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IDAHO SECRETARY OF STATE
10/27/2004 05:00
CK: 1856 CT: 158018 BH: 773396
1 @ 25.00 = 25.00 ASSUM NAME # 2