Capacity:\_

(see instruction # 8 on back of form)

FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Business Name			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	1+M Desktop Associates		
2.	The true name(s) and business address(es) business under the assumed business name	e is/are:	
	Name Bobbi J. Arndorfer (d	Complete Address 2033 South Sumpter Way	
	Kenneth A. Arndorfer	Boise 1D 83709-2294	
3.	The general type of business transacted und	der the assumed business name is:	
	☐ Retail Trade       ☐ Manufacturing         ☐ Wholesale Trade       ☐ Agriculture         ☒ Services       ☐ Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.	The name and address to which future correspondence should be addressed:  Bobbi J. Arndorfer	none number (optional): 208 . U58. 4964	
		Submit Certificate of Assumed Business	
	Boise 1D 83709-2294	Name and \$20.00 fee to:	
		Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		Secretary of State use only	
		1DAHO SECRETARY OF STATE	
Signat	cure: Bobbi Andorle	IDAHO SECRETARY OF STATE  03/68/2660 09:00	
_	d Name: Boldhi J. Arndorfer	CK: 1914 CT: 127864 BH: 297968	

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