

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

99 JAN 12 AM 10:30

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

SECRETARY OF STATE  
STATE OF IDAHO

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

COMPU-DOC COMPUTER REPAIR

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

Name	Complete Address
<u>KEITH S. MILLARD</u>	<u>3400 W. ECHO POST FALLS, IDA.</u>
<u>LAUREL A. MILLARD</u>	<u>3400 W. ECHO POST FALLS, IDA.</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

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

Phone number (optional): 208-773-7134

KEITH S. MILLARD  
3400 W. ECHO DR.  
POST FALLS, IDAHO, 83854

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

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

Signature: Keith S. Millard

Printed Name: KEITH S. MILLARD

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97

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Secretary of State use only  
IDaho SECRETARY OF STATE

01/12/1999 09:00  
CK: 387 CT: 189491 BH: 178882

1 @ 20.00 = 20.00 ASSUM NAME # 2

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