

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILE
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing	signed Symples
The assumed business name which the undersign business is: Practical Data Management	
The true name(s) and business address(es) of the business under the assumed business name: Name Shannon M. Armstrong Po.	Complete Address Box 611 , Terome, TD 83338
The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate. The name and address to which future correspondence should be addressed: Practical Data Management P.O. Rox 611 Terome, TO 83338 5. Name and address for this acknowledgment	
nature: Shannon M. Admistrong pacity/Title: Owner (see instruction # 8 on back of form)	Secretary of State use only IDANO SECRETARY OF STATE 12/18/2002 05:0

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