



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 MAY 19 AM 9:11

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

My 2 Bits Software

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

Kathryn G. Kenner

2809 W. Fisher Ave., Post Falls, ID
83854

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:

Kathryn Kenner
2809 W. Fisher Ave
Post Falls, ID 83854

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

Phone number (optional):

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

Signature:

Kathryn G. Kenner
(signature required)

Printed Name:

Kathryn G. Kenner

Capacity/Title:

Sole Proprietor

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
05/19/2004 05:00
CK: 2658 CT: 150010 BH: 745915
1 @ 25.00 = 25.00 ASSUM NAME # 2

D-76495