

## CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE** 

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

2013 OCT -1 AM 8:4

SECRETARY OF STATE STATE OF IDAHO

## submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.

| business is: Kaniksu Computer   | he undersigned use(s) in the transaction of                                 |
|---|---|
| The true name(s) and <u>business</u> address business under the assumed business     Name   | ess(es) of the entity or individual(s) doing s name:  Complete Address      |
| Stephanie M Davis   | PO Box 847, Priest River, ID 83856  |
| Retail Trade Transpor Wholesale Trade Construc  | ted under the assumed business name is: tation and Public Utilities         |
| Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es   | Submit Certificate of   |
| The name and address to which future correspondence should be addressed.      Kaniksu Computer     PO Box 847  Priest River, ID 83856 |   |
| 5. Name and address for this acknowledge copy is (if other than # 4 above):   | gment   |
| Signature: Stroba MD: 5   | Secretary of State use only   |
| C4 1 : 00 0   | <u>vi</u> \$<br>—   |
| Printed Name:   | IDAHO SECRETARY OF STATE  10/01/2013 05:00  CK: 2157 CT: 150010 BH: 1392244 |
| Capacity/Title:   | 1 0 25.00 = 25.00 ASSUM WANE # 2  |

D166139