



CERTIFICATE OF ASSUMED BUSINESS NAME

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

OI DEC 20 AM 9: 16
SECRETARY OF STATE
STATE OF 10AHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the ur	odersigned use(s) in the transaction of
business is:	idersigned disc(s) in the transaction of
Bayview Computer Se	rvices
The true name(s) and <u>business</u> address(es business under the assumed business name).	s) of the entity or individual(s) doing
Name	Complete Address
Robert W Bowen	P.O. 30x 411
	16262 First STreet
	Bay view ID 83803-0411
3. The general type of hyginese transported w	•
The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Rohet W Bowen P.O. Box 4// Ray View FO 83803-04//	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent Phone number (optional):
	Secretary of State use only
Signature: Solven	IDAHO SECRETARY OF STATE 12/20/2001 05:00 CK: 2580 CT: 154852 BH: 435817
Printed Name: Robert W. Bowen	TOWN SECRETARY OF STATE
	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	CK: 2588 CT: 154852 BH: 435817 1 8 20.88 = 28.88 ASSIN NAME #
	D 50603