

# CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Software Specialist

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	Address
<u>Tim Sommers</u>	<u>5900 E Sunnyside Rd IDAHO, Falls, ID</u>
<u>Laura Sommers</u>	<u>5900 E Sunnyside Rd IDAHO, Falls, ID</u>

3. The general type of business transacted under the assumed business name is:

Wholesale Pet Supplies  
See categories on the reverse

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

Software Specialist 5900 E Sunnyside Rd  
IDAHO, Falls, ID 83406

Signed Tim Sommers

By Tim Sommers

Capacity \_\_\_\_\_

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer # \_\_\_\_\_

Secretary of State use only  
IDAHO SECRETARY OF STATE  
DATE 04/07/1997  
0900 80123 2  
CK #: 1435 CUST# 79395  
ASSUM NAME 1@ 20.00= 20.00

Revision 1008

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