

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2004 JUN 22 AM 8: 33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

TOTAL LANDAHO

<ol> <li>The assumed business name which the un business is:</li> </ol>	dersigned use(s) in the transaction of
Adaptive Computin	4
2. The true name(s) and business address(es business under the assumed business name  Name  Hans Heeling  Output  Description  Hans Heeling  Hans Heeling  Hans Heeling  Hans Heeling  Hans Heeling	S) of the entity or individual(s) doing ne:  Complete Address  490 Sugebrush Dr. Torn Falls ID  2330 I
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	sider the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Hans Heeling  490 Sage brush Dr  Twin Falls, ED 83301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	nt Phone number (optional): (208)- 42〇・319ス
	Secretary of State use only
Signature:  Printed Name: Hans Heeling  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  ##################################

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